

ASSOCIATION APPLICATION FOR EMPLOYMENT

Property Name: _____ Position Applying For: _____

All portions of this application that pertain to you must be completed. A resume will not suffice for information requested in the section on work experience. This application is valid for a three-month period after submission and only for the position that you have applied for.

The Association does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court record except as provided by HRS 378-2.5, sexual orientation, gender identity or expression, credit history except as provided by HRS 378-2.7, domestic or sexual abuse victim status, or other grounds protected under state or federal law, except where a bona-fide occupational qualification exists. The Association will not refuse to hire a more qualified disabled applicant who is capable of performing all the essential functions of the job with or without reasonable accommodation. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if you want the Association to consider special arrangements to accommodate a physical or mental impairment, you may suggest the kind of accommodation that you believe would be appropriate for consideration in the space below:

PERSONAL INFORMATION

Name: _____
Last First Middle Name

Social Security No: _____ - _____ - _____ Email address: _____

Address: _____ (____) _____ - _____
Number & Street City State Zip Code Phone Number

If you are under the age of 18, can you furnish a work permit? Yes No

Type of employment desired: Full time Part time

If Part time, specify days and hours: _____

Are you willing to work overtime? Yes No If yes, is advance notice required? Yes No

Date you can start: ___/___/___ Pay desired: \$_____ per _____

Have you ever been employed by us? Yes No If yes, when? ___/___/___

Supervisor's name: _____ Reason for leaving? _____ Date: ___/___/___

Do you have any relatives working for the Association? Yes No If yes, who: _____

Are you a U.S. citizen or are you legally authorized to work in the United States? Yes No

(Note: If offered employment, you will be required to submit documentation as required by the Immigration and Naturalization Act of 1986.)

THIS QUESTION IS TO BE COMPLETED ONLY BY APPLICANTS FOR RESIDENT MANAGER, SECURITY GUARD, AND OTHER POSITIONS that would allow the employee access to the keys of or entry into the units in the condominium/cooperative or access to association/cooperative funds ASSOCIATION/COOPERATIVE FUNDS:

Have you ever been convicted of a crime that bears a rational relationship to the duties and responsibilities of the position that you have applied for? ___ Yes ___ No

(Note: A criminal abstract is required for the position of resident manager, security guard or **that would allow the employee access to the keys of or entry into the units in the condominium/cooperative or access to association/cooperative funds.**)

WORK EXPERIENCE

In order for this application to be considered, you must account for all the time since leaving school, or the past fifteen years, whichever is shorter, starting with the last or current employer first. **You must provide all requested information.** Use a separate page if necessary.

(1) Employer:		Phone :()	
Address:			
From Date:	To Date:	Starting Pay: \$	Ending Pay: \$
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Supervisor's Name:	
Describe Your Duties:			
Job Title:		Reason for Leaving:	
(2) Employer:		Phone :()	
Address:			
From Date:	To Date:	Starting Pay: \$	Ending Pay: \$
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Supervisor's Name:	
Describe Your Duties:			
Job Title:		Reason for Leaving:	
(3) Employer:		Phone :()	
Address:			
From Date:	To Date:	Starting Pay: \$	Ending Pay: \$
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Supervisor's Name:	
Describe Your Duties:			
Job Title:		Reason for Leaving:	
(4) Employer:		Phone :()	
Address:			
From Date:	To Date:	Starting Pay: \$	Ending Pay: \$
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Supervisor's Name:	
Describe Your Duties:			
Job Title:		Reason for Leaving:	

EDUCATION AND TRAINING

Type of School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree Earned
High School or Trade				___ Yes ___ No	
Business or Technical				___ Yes ___ No	
University or College				___ Yes ___ No	
Other Training				___ Yes ___ No	

ADDITIONAL SKILLS AND QUALIFICATIONS

What knowledge, special skills or other individual capabilities do you have which especially qualify you for the position that you have applied for?

Are you certified in first aid/cardiopulmonary resuscitation? ___Yes ___ No If yes, specify the certification you have received and date of expiration:

Certification: _____ Date Expires: ___/___/___

Have you ever served in the U.S. Armed Forces? ___Yes ___No If yes, list duties in the service, including special training, that is relevant to the position that you have applied for:

Do you have a valid driver's license? ___ Yes ___No If yes, in what state are you licensed? _____ What is the expiration date? ___/___/___ (Note: A traffic violations abstract may be required for positions requiring driving.)

Indicate below the office and computer skills you are proficient in:

___ Calculator ___10-key by touch ability ___Switchboard

___ Typing ___WPM ___Transcribing ___ Shorthand ___WPM

Computer Type: _____ Word processing program: _____ Spreadsheet program: _____

Other: _____

PERSONAL REFERENCES

(Other than relatives or former employers)

(1) Name:	Phone:
Address:	
(2) Name:	Phone:
Address:	
(3) Name:	Phone:
Address:	

CERTIFICATION

Please read carefully before signing

1. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this Application are grounds for disqualification from further consideration or for dismissal from employment.
2. If employed by the Association, I agree to conform to the guidelines and policies of the Association, and understand that my employment is at-will and can be terminated at any time, with or without cause.
3. I understand and agree that only the Board of Directors of the Association has any authority to enter into any agreement to employ me for any specific period of time or to modify terms and conditions of my employment.
4. I consent to and authorize the Association and/or Hawaiiana Management Company, Ltd. (Hawaiiana Management Company), to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Association and/or Hawaiiana Management Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the Association's and/or Hawaiiana Management Company's review of this application, I release the Association and/or Hawaiiana Management Company and all the providers of any information from any liability as a result of furnishing and receiving this information.
5. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Association, provided such examination is job-related and consistent with business necessity. The cost of such examination will be paid by the Association. I authorize the physician conducting the examination and any laboratory testing my specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Association and/or (Hawaiiana Management Company) in accordance with state and federal laws. The Association and/or Hawaiiana Management Company will keep such results confidential and disclose the results only to persons who need to know or where required by law.
6. I understand and agree that should I be offered employment, that such offer shall be contingent upon the results of my reference/background check, including a criminal conviction records check, credit check, and drug test.
7. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Association, if I am employed by the Association.

Applicant's Signature: _____ Date: ___/___/___