

KIHEI WAILEA MEDICAL CENTER
221 Pi'ikea Ave. Suite A
Kihei, HI 96753
(808) 874-8100

Please print legibly in black ink.

Applicant Information

Full Name _____ Date: ____/____/____
Last First Middle

Address _____
Street City, State Zip Period of Residence

Telephone No. _____ Social Security No. _____ Date Available for Work _____

Referral Source Employee Relative Government Employment Agency
 Walk-in Advertisement Private Employment Agency
 Other _____

Position(s) Applied For: _____

Type of employment desired: Full-time Part-time Temporary Seasonal On-call

May we contact you at work? YES NO If yes, Work Number: _____
 and best time to call: _____

Have you ever worked for this company? YES NO If yes, when? _____

Will you work overtime if required? YES NO If yes, when? _____

If required by the employer, will you undergo a pre-employment physical? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Proof of U.S. citizenship or immigration status will be required upon employment

Have you ever been convicted of a felony? YES NO

Charges _____
The existence of convictions does not constitute an automatic bar to employment.

Education

Name and Location of High School, College, Trade, Business or other schools attended, also list apprenticeships, Diploma or Degree Received and Major

Employment History

*In the spaces provided below, list all employment or volunteer service for the past 5 years. Give most recent first. Attach additional sheet if necessary. *OK TO LEAVE BLANK IF INFORMATION IS PROVIDED ON YOUR RESUME**

COMPANY NAME	DATES EMPLOYED From:
Address	To:
Job Title	Telephone No.
Immediate Supervisor and Title	Reason for leaving
Brief Description of Duties:	
COMPANY NAME	DATES EMPLOYED From:
Address	To:
Job Title	Telephone No.
Immediate Supervisor and Title	Reason for leaving
Brief Description of Duties:	
COMPANY NAME	DATES EMPLOYED From:
Address	To:
Job Title	Telephone No.
Immediate Supervisor and Title	Reason for leaving
Brief Description of Duties:	
COMPANY NAME	DATES EMPLOYED From:
Address	To:
Job Title	Telephone No.
Immediate Supervisor and Title	Reason for leaving
Brief Description of Duties:	

May we contact your current employer(s)?

YES

NO

References

Name	Telephone No.	Years Known

Disclaimer and Signature

It is understood and agreed that any misrepresentation by me in this application will be sufficient for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Kihei Wailea Medical Center is an equal opportunity employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, I understand that it will be necessary for me to fill out a new application,

Signature of Applicant _____ Date _____

