

# KOKUA NURSES EMPLOYMENT APPLICATION

210 Ward Ave., #118   
 Honolulu, HI 96814  
 Office: (808) 594-2326  
 Fax: (808) 592-1248

An Equal Opportunity Employer

260 Kamehameha Ave, #212   
 Hilo, HI 96720  
 Office: (808) 935-6291  
 Fax: (808) 933-1059

**Position(s) for which you are applying:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## I. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone numbers:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Message

(Note: Proof of US Citizenship or Immigration status will be required if offered employment.) **Professional license or certificate** \_\_\_\_\_  
(State)

How were you referred to Kokua Nurses? \_\_\_\_\_ When can you begin working? \_\_\_\_\_  
(Date)

Do you have friends or relatives working at Kokua Nurses? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Have you previously  worked for or  applied for work with Kokua Nurses? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you fluent in speaking or writing any other language, in addition to English?  No  Yes: \_\_\_\_\_

Have you used any other name(s) in the past (7) seven years? \_\_\_\_\_ Dates: \_\_\_\_\_

If you have been provided with a copy of the job description for the desired position, please answer this question after reading the job description: **Can you perform the essential functions of the position with or without reasonable accommodation?**  Yes  No

Describe requested accommodations, if any: \_\_\_\_\_

Are you available for:  days  evenings  nights  Outer-island assignments  weekends  holidays

Apart from absences for religious observances, will you be available for work at all other times?  Yes  No: \_\_\_\_\_

If no, please indicate days of week or specific dates when you are not available for work: \_\_\_\_\_

## II. TRAINING and EDUCATION:

| Name & Location of School | Dates Attended | Did you graduate?  | Course of Study |
|---------------------------|----------------|--|-----------------|
|                           | /              | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
|                           | /              | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
|                           | /              | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
|                           | /              | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |

## III. SPECIAL SKILLS and CONTINUING EDUCATION:

Summarize special skills, additional training, and qualifications you have that will relate to the job for which you are applying:

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(Note: certain job classifications have additional skill/training requirements)

(Turn over)

IV. **WORK HISTORY:** (List your last three (3) employers, *starting with the most recent*, including non-paid work and military duty)  
 (Resume attached? Yes  No

|                                |                                       |                                 |
|--------------------------------|---------------------------------------|---------------------------------|
| Employer:                      | <u>Dates of Service (Mo &amp; Yr)</u> | <u>Describe work performed:</u> |
| Address:                       | /                                     |                                 |
| Supervisor: Phone numbers: ( ) | Hourly rate <i>or</i> Monthly salary  |                                 |
| Job Title:                     | Starting:                             |                                 |
| Reason for leaving:            | Ending:                               |                                 |

|                                |                                       |                                 |
|--------------------------------|---------------------------------------|---------------------------------|
| Employer:                      | <u>Dates of Service (Mo &amp; Yr)</u> | <u>Describe work performed:</u> |
| Address:                       | /                                     |                                 |
| Supervisor: Phone numbers: ( ) | Hourly rate <i>or</i> Monthly salary  |                                 |
| Job Title:                     | Starting:                             |                                 |
| Reason for leaving:            | Ending:                               |                                 |

|                                |                                       |                                 |
|--------------------------------|---------------------------------------|---------------------------------|
| Employer:                      | <u>Dates of Service (Mo &amp; Yr)</u> | <u>Describe work performed:</u> |
| Address:                       | /                                     |                                 |
| Supervisor: Phone numbers: ( ) | Hourly rate <i>or</i> Monthly salary  |                                 |
| Job Title:                     | Starting:                             |                                 |
| Reason for leaving:            | Ending:                               |                                 |

V. REFERENCES:  I give permission, *or*  I do not give permission to contact my current employer.

Provide *name, address, phone number and relationship* of two references who are not related to you and not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_

**IMPORTANT Please read, initial each section, and sign below:**

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 or for dismissal from employment.** 2. \_\_\_ If employed by Kokua Nurses, I agree to conform to the policies of Kokua Nurses, and understand that **my employment is at-will and can be terminated at any time and for any reason, with or without cause.** I understand that no representative of Kokua Nurses has the authority to make any assurances to the contrary. 3. \_\_\_ I hereby consent to a **Criminal History Records Check.** Kokua Nurses may consider any criminal conviction record that you may have after it makes a conditional offer of employment to you. We may withdraw a conditional employment offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are applying, including convictions of felony theft, abuse, neglect or assault. 4. \_\_\_ I understand that I will be required to provide a recent medical examination and may be required to submit to drug testing, if offered employment or during employment, providing that such examinations are job-related and consistent with business necessity, **and** that such information will be regarded by Kokua Nurses as confidential. 5. \_\_\_ I consent to and authorize Kokua Nurses to make a full and complete investigation of my previous employment history and authorize any employer, person **or** other agency to provide Kokua Nurses with such information as needed to qualify me for this position and release Kokua Nurses and all providers of any information from any liability as a result of furnishing and receiving this information. 6. \_\_\_ I understand and agree that all the foregoing terms and conditions will become part of my employment relationship with Kokua Nurses if I am employed by Kokua Nurses.

*Authorization/signature of applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
 (knformspersonnel03)