

MAUI BEHAVIORAL HEALTH RESOURCES

200 Ike Drive Makawao, Hawaii 96768

P: 579-8414 F: 579-8426

ALOHA HOUSE MAUI YOUTH & FAMILY SERVICES MALAMA FAMILY RECOVERY CENTER APPLICATION FOR EMPLOYMENT

Instructions: Thank you for your interest in employment with MAUI BEHAVIORAL HEALTH RESOURCES. Please complete all portions of the employment application to be considered for employment at Aloha House, Maui Youth & Family Services or Malama Family Recovery Center. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and Federal laws. This employment application is valid for a six month period after submission to Maui Behavioral Health Resources.

Today's Date: _____

PERSONAL INFORMATION			
Name (Last Name First)		Have you ever used other names? If, so please print names:	
Present Mailing Address		Town	State
		Zip	
Phone Number:	Cell Number:	Email Address:	
Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If offered employment, you will be required to submit documentation required by IRCA, PRIOR to start date)			
EMPLOYMENT INTEREST			
Position applying for:	Date you can start:		Apart from religious observations, will you be able to work all other shifts?
Have you ever applied for employment or worked with one of the three agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check agency: <input type="checkbox"/> AH <input type="checkbox"/> MYFS <input type="checkbox"/> MFRC			
Who referred you to this company?			
<input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> On-line <input type="checkbox"/> College Referral <input type="checkbox"/> Other: _____			
EDUCATION			
School Level	Name and Location of School	Year Graduated	Degree/Field of Study
High School Or GED			
College			

FORMER EMPLOYERS: List employers for the last ten years only.

Name of Present or Last Employer

Address

City

State

Zip

Starting Date

Date Last Worked

Job Title

Name of Supervisor

Title

Employer's Phone Number

Description of Work

Reason(s) for Leaving

Name of Employer

Address

City

State

Zip

Starting Date

Date Last Worked

Job Title

Name of Supervisor

Title

Employer's Phone Number

Description of Work

Reason(s) for Leaving

Name of Employer

Address

City

State

Zip

Starting Date

Date Last Worked

Job Title

Name of Supervisor

Title

Employer's Phone Number

Description of Work

Reason(s) for Leaving

Name of Employer

Address	City	State	Zip
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Starting Date	Date Last Worked	Job Title
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Name of Supervisor	Title	Employer's Phone Number
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Description of Work

Reason(s) for Leaving

EMPLOYMENT GAPS: (Explain any periods that you were not working)

REFERENCES: List information below of three business/work related references who are NOT related to you and are NOT previous supervisors. If necessary, list personal references who are NOT related to you.

Name	Phone	Number of Years Known	Friend or Co-worker
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JOB SKILLS AND QUALIFICATIONS: Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

RELATED INFORMATION: If you are a member of any job-related organization(s) (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION (PLEASE READ CAREFULLY BEFORE SIGNING)

I understand and agree that:

1. The information in this application is true and complete and that any false or misleading information made in this application or interview(s) are grounds for disqualification from further consideration for employment or for dismissal from employment.
2. This application is not a contract of employment. If offered employment, **MY EMPLOYMENT WITH COMPANY IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
3. The Company may investigate my personal and/or employment history. Any former employer, school, government agency, or other person/entity may provide the Company with any information they may have regarding me. If employed by the Company, the Company may provide truthful information (including fact or opinion) regarding my employment to any potential or future employer. I release the Company and all providers of such information from any liability which may arise as a result of furnishing and/or receiving such information.
4. I will be required to submit to drug testing and may be required to a post-offer medical examination as part of my application for employment. I may be required to submit to a medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician or laboratory conducting such examination to disclose the results of the examination to the Company in accordance with state and/or federal laws. The Company will keep such results confidential unless allowed/required by law.
5. The Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will be not considered.
6. If hired, I shall not disclose or use confidential information belonging to prior employers and that I will inform Company of any agreements that would limit my ability to work for the Company.
7. All of the foregoing terms and conditions will become part of my employment relationship with Maui Behavioral Health Resources if I am employed by one of the following agencies: Aloha House, Maui Youth & Family Services and Malama Family Recovery Center.

SIGNATURE:

PRINT NAME:

DATE: