

AMERICARE HAWAII, INC.

P.O BOX 5091
KAHULUI, HI 96733
TEL#: (808) 893.2152 / FAX#: (808) 893.2153
AMERICAREHI@GMAIL.COM



Employment Application

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Home Phone					Mobile Phone					
Date you can start:				Social Security No.				Email Address		
Position Applied for							Desired Salary			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Willing to undergo a background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred by:							
EMERGENCY CONTACT INFORMATION										
Name:										
Address:										
City:	State:	Zip Code:	Home Phone:	Work Phone:						
How this person related to you?										
EDUCATION										
High School					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
<i>Please list two professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT (STARTING WITH THE LATEST)

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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Interviewers Comments:

Date of interview: _____ Hired: Yes No

Date to Start: _____ RN/LPN

Offered Salary: _____ CNA with Certificate

CNA without Certificate

HHA

Additional Comments: _____

Recommended by: _____ (Service Coordinator) Reviewed by: _____ (Operations Manager)

Approved by: _____ (HR Manager) Noted by: _____ (VP. of Finance and Admin)