



CATHOLIC CHARITIES HAWAI'I

EMPLOYMENT APPLICATION

Date of Application: _____

Position(s) applying for: _____

Desired salary/wage: _____

***In all our services, decisions, and relationships,
Catholic Charities Hawai'i and its employees are committed to live these four core values:
Dignity, Social Justice, Commitment to Excellence, and Compassion.***

PERSONAL INFORMATION:

Name:	_____			
	<i>First</i>	<i>Nickname</i>	<i>Middle</i>	<i>Last</i>
Address:	_____			
	<i>Street</i>			

	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Telephone:	_____			
	<i>Home Phone</i>	<i>Cellular</i>	<i>Pager</i>	<i>E-Mail Address</i>

PENDING OFFER OF HIRE, YOUR SOCIAL SECURITY NUMBER IS REQUIRED.

Have you previously worked at Catholic Charities Hawai'i? Yes No Date & position held: _____

Have you previously applied for a position with Catholic Charities Hawai'i? Yes No When: _____

How did you learn of the position you are applying for? Newspaper Catholic Charities Hawai'i website Friend Other: _____

Apart from religious observances, will you be able to work all other times? Yes No

EDUCATION:

SCHOOL	NAME & LOCATION	COURSE OF STUDY	# YEARS ATTENDED/ # CREDITS EARNED	DIPLOMA, CERTIFICATE, OR DEGREE AWARDED (official document required upon hire)
High School				
Business Trade Technical				
College				
Graduate				

PAID EMPLOYMENT HISTORY:

Please complete a record reflecting 10 years of full time and/or part time paid work experience. Start with your present or most recent employment. Do not write "see/refer resume."

Date Employed <i>Month/Year</i>		Employer:	Telephone No.		
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT	Address:	City	State	Zip Code	
	Job Title:	Supervisor(s):			
	Briefly describe duties:				
	Reason for Leaving:				

Employment History – Continued

Date Employed <i>Month/Year</i>		Employer:	Telephone No.		
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT		Address:	City	State	Zip Code
		Job Title:	Supervisor(s):		
		Briefly describe duties:			
		Reason for Leaving:			
Date Employed <i>Month/Year</i>		Employer:	Telephone No.		
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT		Address:	City	State	Zip Code
		Job Title:	Supervisor(s):		
		Briefly describe duties:			
		Reason for Leaving:			
Date Employed <i>Month/Year</i>		Employer:	Telephone No.		
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT		Address:	City	State	Zip Code
		Job Title:	Supervisor(s):		
		Briefly describe duties:			
		Reason for Leaving:			

Employment History – Continued

Date Employed <i>Month/Year</i>		Employer:		Telephone No.	
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT		Address:	City	State	Zip Code
		Job Title:	Supervisor(s):		
		Briefly describe duties:			
		Reason for Leaving:			

Date Employed <i>Month/Year</i>		Employer:		Telephone No.	
<i>From</i>	<i>To</i>				
Average hrs/wk FT PT		Address:	City	State	Zip Code
		Job Title:	Supervisor(s):		
		Briefly describe duties:			
		Reason for Leaving:			

EMPLOYMENT GAPS:

Please explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability. Attach additional sheet(s), if needed.

OTHER:

- Have you ever been dismissed or asked to resign from employment? YES NO
If yes, please provide details: *(This information will not necessarily disqualify you from employment.)*
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- Do you know anyone presently working at Catholic Charities Hawai‘i? YES NO
If so, who?
-

- Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodations? YES NO
 - Do you have a car or access to a car, a current driver’s license and at least the minimum No-Fault insurance coverage, as the position you are applying for may require? YES NO
 - Provide other information, which you believe will help Catholic Charities Hawai‘i in evaluating your application and your potential as a Catholic Charities Hawai‘i employee.
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SPECIAL SKILLS AND QUALIFICATIONS:

Type _____ wpm 10 Key by Touch Switchboard

<input type="checkbox"/> Foreign language competency(ies) in the following skill sets:	<input type="checkbox"/> Word Processing Programs	<input type="checkbox"/> Spreadsheet Programs	<input type="checkbox"/> Database Programs
Verbal skills:			
Writing skills:			
Reading skills:			
<input type="checkbox"/> Other knowledge/experience:			

EMPLOYMENT CONDITIONS AND/OR REQUIREMENTS:

- It is the policy of Catholic Charities Hawai'i to hire only U.S. Citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9)*
- Catholic Charities Hawai'i, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court records, sexual orientation, or other grounds protected under state and federal laws, except where a bona-fide occupational qualification exists. Catholic Charities Hawai'i also does not discriminate against disabled persons who, with or without reasonable accommodations, can perform the essential functions of the job offered.
- If you are offered a position that involves (1) any contact with children; and/or (2) handling of money or financial records, in light of the specific nature of such a job, Catholic Charities Hawai'i will conduct Criminal and Employment History checks. Catholic Charities Hawai'i believes this to be a bona fide occupational qualification and directly related to the position in question.
- If you are offered a Van Driver position, or any other position that requires traveling by car or transporting clients, you will be required to provide a copy of a current driver's license, no-fault insurance coverage and a current driver's abstract. Yearly renewal verification of your driver's license and no-fault insurance will also be required.

REFERENCES:

Give the names, addresses and telephone numbers of three persons (not family members or personal friends) who can provide us with information about your ability to perform the job for which you are applying.

NAME	ADDRESS	TELEPHONE #
1.		
2.		
3.		

VOLUNTEER HISTORY:

Please share information on the unpaid work experiences you have had over the past 10 years. Attach additional sheet(s), as needed.

DATES: From - To/ Avg # hrs per month	POSITION TITLE	AGENCY/ORG.	RESPONSIBILITIES HELD

CERTIFICATION:

PLEASE READ THIS CAREFULLY BEFORE SIGNING

1. I certify that all the information contained in this application is true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any false or misleading statements or omissions, when discovered, will subject me to discharge. I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.
2. I authorize Catholic Charities Hawai'i to contact all references, including current and past employers, and to verify all information provided by me in this application. I release Catholic Charities Hawai'i and any person or company furnishing any reference or information from any claim or liability regarding any information or opinion supplied. I understand that any offer of employment is subject to satisfactory references.
3. This application is not a contract and cannot create a contract. I understand that, if employed by Catholic Charities Hawai'i, my employment is at-will and can be terminated at any time, either by myself or Catholic Charities Hawai'i, with or without cause or reason and with or without notice.
4. I understand and agree that only the Chief Executive Officer of Catholic Charities Hawai'i or his/her designate has the authority to enter into an agreement to employ me for any specified period of time or to modify the terms and conditions of my employment. No one else has the authority to extend an employment agreement.
5. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination. I also understand and agree that I may be required to submit to a complete medical examination during my employment with Catholic Charities Hawai'i, provided that such examination is job-related and consistent with agency requirements. The cost of such examination will be paid by Catholic Charities Hawai'i. I authorize the physician conducting the examination and any laboratory testing to disclose the results of the examination and the laboratory test(s) to Catholic Charities Hawai'i in accordance with state and federal laws. Catholic Charities Hawai'i will keep such results confidential and disclose them only to persons who need to know or where required by law.
6. If employed by Catholic Charities Hawai'i, I agree to abide by the Policies, Procedures and Rules of Catholic Charities Hawai'i, as well as to demonstrate an active commitment to Catholic Charities Hawai'i Mission and to strive to incorporate the four Core Values in all aspects of my daily work.
7. I understand and agree that all of the foregoing terms and conditions will become part of my at-will employment with Catholic Charities Hawai'i if I am employed by Catholic Charities Hawai'i.

Print Name:

Signature of Applicant (at time of interview)

Date