



# EMPLOYMENT APPLICATION

Office of Hawaiian Affairs • 560 N. Nimitz Hwy • Suite 200 • Honolulu, HI 96817 • Tel. (808) 594-1835 • Fax (808) 594-1758

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available:	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Desired Salary: \$
Position Applied for:		
Can you provide original documents establishing your identity and authorization to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever filed an application with OHA before?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give date:	
Have you ever been employed with OHA before?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give starting/ending date:	
Can you travel if the job requires it?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Where did you hear about this position?	<input type="checkbox"/> OHA website <input type="checkbox"/> Other website source: _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____	

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study/ Major: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

Undergraduate College: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study/ Major: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Graduate College: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study/ Major: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other (Specify): \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study/ Major: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Additional Training

Describe any specialized training, apprenticeships or other training programs completed.

\_\_\_\_\_

\_\_\_\_\_

**OHA IS AN EQUAL OPPORTUNITY EMPLOYER**

### Additional Skills/Qualifications

Describe any special job-related skills and/or qualifications.

---

---

---

### Employment Experience

Start with your most recent job. List all of your employment experience for the past ten (10) years, including self-employment, job-related military service assignments and volunteer activities. Attach additional sheets if necessary in the same format.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Type of Work:  Full Time  
 Part Time  
Responsibilities: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  If yes, list phone number, email and/or fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Type of Work:  Full Time  
 Part Time  
Responsibilities: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  If yes, list phone number, email and/or fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Type of Work:  Full Time  
 Part Time  
Responsibilities: \_\_\_\_\_  
Dates employed: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  If yes, list phone number, email and/or fax: \_\_\_\_\_

OHA IS AN EQUAL OPPORTUNITY EMPLOYER

List professional, trade, business or civic activities and offices held. You may exclude membership which may reveal gender, race, religion, national origin, age, ancestry, disability, color, citizenship, marital status, sexual orientation, arrest and court record, or other protected status.

---

---

---

### Professional and Personal References

*Please list three professional and/or personal references.*

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

## **Applicant's Statement**

I certify that all statements made on this application are 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 misrepresentation or omission 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.

This application is not a contract and cannot create a contract. I understand that if i am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_