



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	
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.

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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: _____

Supervisor Name & Title: _____

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: _____

Supervisor Name & Title: _____

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: _____

Supervisor Name & Title: _____

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: _____

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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: _____