



Referred by: \_\_\_\_\_

# Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

**Important Note:** This form should be completed carefully and fully. Please answer all questions thoroughly to the best of your ability and write legibly.

## (Incomplete application will not be processed!)

Name:		Date: _____
Physical Address:		
Previous Address if less than 5 years at current physical address:		
Mailing Address:		
Email Address:		
Home Phone Number: _____	Cellular Phone: _____	
Social Security Number: _____	Alternate Phone: _____	

### Emergency Contact

Name:	Phone: _____
Address:	Relationship: _____

I am applying for a position as a:	Are you 18 years old or older?
Have you ever been convicted of a felony?	
If yes, please provide details:	

### Transportation

(Many Caregiver positions require the Caregiver to transport a Client.)

Do you have dependable transportation?	Make and Model of Car:	
License Plate #:	Driver's License #:	
Auto Insurance Policy #:	Insurance Company:	Insurance Phone:
Have you had any accidents during the past three years? If so, how many?		
Have you had any moving violations in the past three years? If so, How many?		

### Availability

Days and Hours you are available to work: Days _____ Hours _____	Amount of Wage currently getting or Last Paid: _____	Wage currently seeking: _____
Are you available to work on holidays? _____	Can you be called at the last minute in case of emergency? _____	
Date available to start work: _____	Shift Preference: Circle your preference <input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift	

Which Island are you applying from:    Big Island of Hawaii    Island of Oahu    Island of Maui

**Which of the following areas can and will you travel to? Check all that apply.**

Big Island of Hawaii	Oahu	Maui
<input type="checkbox"/> North Kohala <input type="checkbox"/> Hamakua	<input type="checkbox"/> Leeward <input type="checkbox"/> Central	<input type="checkbox"/> Lahaina
<input type="checkbox"/> South Kohala <input type="checkbox"/> Hilo	<input type="checkbox"/> Windward <input type="checkbox"/> Downtown	<input type="checkbox"/> Kahului/Wailuku
<input type="checkbox"/> North Kona <input type="checkbox"/> Puna	<input type="checkbox"/> North Shore <input type="checkbox"/> East Honolulu	<input type="checkbox"/> Upcounty/North Shore
<input type="checkbox"/> South Kona <input type="checkbox"/> Kau	<input type="checkbox"/> Kahuku/Punalu'u <input type="checkbox"/> Hawaii Kai	<input type="checkbox"/> Kihei/Wailea

### Experience

**For Caregiver Applicant:** Briefly describe any training or experience working with the elderly or special needs individuals:

**For Administrative Applicant:** Briefly describe any training or experience working in the Home Care Industry?

Please describe any **Skills, Strength and Attributes** that people like about you, which make you a good candidate to be a part of the **MetroCare Hawaii - PLUS** family.

**For Caregiver Applicant:** What would you **like most** about working with the elderly or special needs individuals and why?

**For Caregiver Applicant:** What would you **like least** about working with the elderly or special needs individuals and why?

### Education

High School _____	City/State _____	Dates _____
College _____	City/State _____	Dates _____
Professional School _____	City/State _____	Dates _____
Other _____	City/State _____	Dates _____

Degrees/Certificates \_\_\_\_\_

Special Skill or Courses

# Employment History

(Please go back at least five (5) years and tell us about your work history, Use reverse side of sheet if additional space is required.) Please begin with the most recent employer.

<b>May we contact your current employer?</b> Yes            No
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Company Name & Address: _____	<b>Employment Dates</b>	
	From _____	To _____
Job Title: _____	<b>Pay Rate</b>	
	Start: \$ _____ <input style="width: 40px;" type="text"/>	Last: \$ _____ <input style="width: 40px;" type="text"/>
Duties <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Reason for leaving: (Be Specific) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Supervisor: _____	Phone: _____	

Company Name & Address: _____	<b>Employment Dates</b>	
	From _____	To _____
Job Title: _____	<b>Pay Rate</b>	
	Start: \$ _____ Per Hour	Last: \$ _____ Per Hour
Duties <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Reason for leaving: (Be Specific) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Supervisor: _____	Phone: _____	

Company Name & Address: _____	<b>Employment Dates</b>	
	From _____	To _____
Job Title: _____	<b>Pay Rate</b>	
	Start: \$ _____ Per Hour	Last: \$ _____ Per Hour
Duties <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Reason for leaving: (Be Specific) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Supervisor: _____	Phone: _____	

## Business References

(Minimum of 2 work related)

Name _____	Address _____	Relationship/Years Known _____	Phone Number _____
Name _____	Address _____	Relationship/Years Known _____	Phone Number _____
Name _____	Address _____	Relationship/Years Known _____	Phone Number _____

## Personal References

(Minimum of 2 personal related)

Name _____	Address _____	Relationship/Years Known _____	Phone Number _____
Name _____	Address _____	Relationship/Years Known _____	Phone Number _____
Name _____	Address _____	Relationship/Years Known _____	Phone Number _____

### Certification and Release:

I certify that I have read and understand the application form and that the stated and indicated answers to the foregoing questions and statements made by me are complete true in fact and no misrepresentation of myself has been made to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of this application and/or discharge at any time during my employment. I authorize **MetroCare Hawaii - PLUS** and/or its' agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during my employment and that I am not in any way, shape or form at present in the possession or use of illegal drugs and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during my employment.

### Employment Agreement Clarification:

This application is not an employment agreement. If I accept an offer of employment, I understand that **MetroCare Hawaii - PLUS** may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the Agency has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I fully understand and accept all the terms and conditions in the above statement.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**MetroCare Hawaii - PLUS** believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or Local Laws and users should consult their own Council with respect to any legal questions concerning the use of this form.

**Application Expiration:** This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

For Office Use Only – Interviewer Comments