



95 Mahalani Street
 Wailuku, Maui, HI 96793
 Telephone: (808) 244-7467
 Fax: (808) 242-4762

Date:
Renewed:
Job/Position you are applying for: (Do not leave blank)
Note: If hired, you will be required to perform work as required by the agency.

Revised 11/06

APPLICATION FOR EMPLOYMENT

General Information

Name: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

Thank you for your interest in IMUA Family Services. You must properly complete ALL portions of this employment application to be considered for employment at our agency. If you require accommodation during the employment process, including assistance in the completion of this application, please let us know. IMUA is an equal opportunity employer, we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest, and court record, sexual orientation, military service or other protected categories in accordance with state and federal laws. This employment application is valid for a three-month period after submission to the agency and only for the position applied.

Previous Employment: Starting with most recent, list all employers for the last ten years and account for any periods you were NOT working. Attach additional sheets if necessary. Please note name worked under if different from current name.

Name & Address of Former Employer		Dates Employed	Position & Duties	Salary	Reason for Leaving
Company Name:	Phone:	From: mo/yr		Starting:	
Address:					
City:	State: Zip:	To: mo/yr	Immediate Supervisor	Ending:	
Company Name:	Phone:	From: mo/yr		Starting:	
Address:					
City:	State: Zip:	To: mo/yr	Immediate Supervisor	Ending:	
Company Name:	Phone:	From: mo/yr		Starting:	
Address:					
City:	State: Zip:	To: mo/yr	Immediate Supervisor	Ending:	
Company Name:	Phone:	From: mo/yr		Starting:	
Address:					
City:	State: Zip:	To: mo/yr	Immediate Supervisor	Ending:	
Company Name:	Phone:	From: mo/yr		Starting:	
Address:					
City:	State: Zip:	To: mo/yr	Immediate Supervisor	Ending:	

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References (Not Relatives)		
Name:	Occupation/Association	Phone:
Name:	Occupation/Association	Phone:
Name:	Occupation/Association	Phone:

Education	Address	No. of Years Attended	Degrees
High School:			
College:			
Other:			

Other		
Do you know anyone presently working for Imua?	If so, who?	Relationship
Did anyone refer you for this position?	If so, who?	Relationship
Have you previously worked for Imua?	If so, when?	Reason for leaving

It is our policy 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 Services Form I-9.)

PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING.

A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission, whenever discovered, regarding this application is a reason for disqualification from further consideration or for termination of employment. I authorize any investigation of the above information for purposes of verification. Initial _____

B. If employed by Imua, I agree to conform to the guidelines and policies of the agency, and understand that **MY EMPLOYMENT IS COMPLETELY VOLUNTARY (AT WILL) AND CAN BE TERMINATED AT ANY TIME FOR ANY REASON BY THE COMPANY OR MYSELF WITH OR WITHOUT CAUSE OR REASON AND WITH OR WITHOUT NOTICE.** I further agree that I have not been promised continuing employment and that no representations have been made that I will be retained for any term of employment. Initial _____

C. I consent to and authorize Imua to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, government agency or other entity to provide the agency with any information of any sort (including fact or opinion) they may have in regard to me. In consideration of the agency's review of this application, I release Imua, and all providers of any liability as a result of furnishing and receiving this information. I understand and agree that if offered employment by Imua, any such employment offer will be dependent upon receipt of satisfactory references as determined by the agency. If employed by Imua, I further authorize the agency to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the agency for truthfully communicating any such information to a potential or future employer. Initial _____

D. I agree that Imua may inquire into and consider any criminal conviction and/or traffic record that I have after I have received a conditional offer of employment. The criminal convictions may include any convictions of child abuse or sexual molestation within the past 10 years. Imua may withdraw the conditional employment offer if I have any convictions which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Initial _____

E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the agency. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the agency in accordance with state and federal laws. Also, I agree to fully cooperate and provide Imua with any additional consent(s) and/or release(s) as required by the agency to investigate my employment application background. Initial _____

F. I understand and agree that if offered employment by the agency, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by the agency. Initial _____

G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Imua if I am employed by the agency. Initial _____

Authorization/Signature of Applicant _____

Date _____