



Honolulu Community Action Program, Inc.
Date of Application:

Position Applied for:

Last Name

First Name

Initials

Present Address: (Street, City, State and Zip Code)

Telephone Numbers



Home:
Business:
Cell:
Email:

Last Four Digits SS No.

Are you legally authorized to work in the United States? Yes No

➤ If required by the position, do you have a valid driver's license? Yes No
 ➤ Does your automobile meet all license/insurance requirements? Yes No
 ➤ Do you have daily access to this automobile? Yes No

✦ Employment Experience ✦

May we call this employer? Yes No
 1. Most recent employer, address and telephone number:

Your Job Title:

Supervisor's Name

Dates Employed
From:

To:

Part Time
 Full Time

Your Duties:

Reason for Leaving:

2. Employer, address and telephone number:

Your Job Title:

Supervisor's Name

Dates Employed
From:

To:

Part Time
 Full Time

Your Duties:

Reason for Leaving:

3. Employer, address and telephone number:

Your Job Title:

Supervisor's Name

Dates Employed
From:

To:

Part Time
 Full Time

Your Duties:

Reason for Leaving:

4. Employer, address and telephone number:

Your Job Title:

Supervisor's Name

Dates Employed
From:

To:

Part Time
 Full Time

Your Duties:

Reason for Leaving:

✦ Education ✦

School Name and Address

High School:

College/University:

Graduate School:

For College/University and Graduate School Categories, List degree(s) obtained – major.

Diploma: Yes No

Degree: Yes No

Graduate Degree: Yes No

List any additional information concerning educational accomplishments you feel may be helpful to us in considering your application.

Blank lines for additional information.

✦ **Military Service** ✦

Active Duty Dates	Branch of Service	Current Reserve Status	Type of Discharge/Date	Military Schooling, Studies, and/or experience
From: _____ To: _____ <input type="checkbox"/> No Service		<input type="checkbox"/> Active <input type="checkbox"/> Inactive		

✦ **General Information** ✦

Specify type of work you are interested in:	Do you have any preference as to work location or travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain:	Date available for employment:	Salary expected:
List business machines or equipment you can operate:	List computer programs you can operate:	What type of employment would you be willing to accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary (to 3 mos.) <input type="checkbox"/> Temporary (more than 3 mos.) <input type="checkbox"/> Substitute, on call	
Do you have any friends employed by HCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name and program:	Do you have any relatives employed by HCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name and program:	How did you hear about this position?	
Have you previously applied for a position or been employed by HCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and position: Date: _____ Position: _____			
Are you an HCAP Board Member, District Council Member or Head Start Policy Council Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please give any further information which may be helpful to us in considering your qualifications. List any community work experience or volunteer experience. (You are not required to list activities which may reveal your race, religion or national origin.)			

✦ **Activities** ✦

Have you ever been convicted of a crime which has a substantial relationship to the essential functions and responsibilities of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain:
List scholastic honors and activities with offices held:
List hobbies and outside activities (including civic activities, membership in professional organizations):

✦ **References** ✦

(Give 3 professional references of persons who are qualified to answer questions regarding your current/former employment and/or your qualifications for the position you are seeking.)

Name	Address	Telephone Number(s)

As part of our employment procedures, a routine inquiry may be made to obtain applicable information concerning your character, general reputation, and personal characteristics.

It is the policy of this Company 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.)

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, and 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.

Signature of Applicant: _____ Date of Application: _____