



Nurturing Lives & Cultivating Communities

APPLICATION FOR EMPLOYMENT

Instructions: Thank you for your interest in employment with the Special Education Center of Hawaii dba SECOH. Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance with completing the application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, gender, religion, color, national origin, ancestry, marital status, disability, sexual orientation or any other protected category recognized by Hawaii and federal laws. This application is valid for a three-month period after submission and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application.

PERSONAL INFORMATION:

| | |
|--|----------------|
| Name: | Address: |
| Telephone #: | Email Address: |
| Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If offered employment, you will be required to submit documentation required by Immigration Reform & Control Act) | |

Position of Interest: Direct Support Staff Driver Other:

Have you ever applied for employment at SECOH before? Yes No

Have you ever worked at SECOH before? Yes No If yes, Where? When?

How did you hear about SECOH?

EMPLOYMENT INFORMATION & HISTORY

| | Employer | Employer | Employer |
|--|--|--|--|
| Company Name: | | | |
| Company Address/Phone #: | | | |
| Job Title: | | | |
| Start Date & Last Date Worked: | | | |
| May we contact your supervisor? If no, why? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisor Name and Title: | | | |
| Summarize job responsibilities: | | | |
| Reason(s) for leaving: | | | |

EDUCATION

| School Level | Name & Location of School | Years completed | Degree/Certification/Subjects |
|--------------|---------------------------|-----------------|-------------------------------|
| High School | | | |
| College | | | |
| Other | | | |

PROFESSIONAL/PERSONAL REFERENCES:

| | Name | Relationship to you | Phone Number | # of years known |
|-----------------------|------|---------------------|--------------|------------------|
| Family Member | | | | |
| Former Supervisor | | | | |
| Professional/Personal | | | | |

JOB SKILLS & QUALIFICATIONS: *Summarize special training, skills, licenses and/or certificates you have received.*

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CERTIFICATION *(Please read carefully before signing)* I understand and agree that:

1. The information in this application is true and complete.
2. Providing false or misleading information in this application or interview(s) are grounds for disqualification from further consideration for employment or for dismissal from employment.
3. This application is not a contract of employment.
4. SECOH may inquire about employment history. Any former employer, school, government agency, or other person/entity may provide SECOH with any information they may have regarding me.
5. I will be required to submit to drug testing as part of my application for employment. I may be required to submit to a medical examination during my employment, provided that such examination is job-related and consistent with business necessity.
6. SECOH will inquire into and consider any criminal conviction record.
7. SECOH will inquire into and consider any Adult Protective Services and Child Abuse Network record.
8. SECOH may withdraw a conditional offer if I do not satisfactorily meet the pre-employment requirements associated with the position for which I am applying.
9. If engaged in an interview or provided a conditional offer of employment, I will inform SECOH of any agreements that limit my ability to work or perform the duties expected for the position for which I am applying.
10. All of the foregoing terms and conditions will become part of my employment relationship with SECOH if I am employed.

Signature:

Date: