



Island Temporary Nursing

1314 South King St., Suite 622, Honolulu, HI 96814

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION for EMPLOYMENT

PLEASE PRINT

Date of application: _____ Position applied for: _____

Referral sources: Advertisement Employee Relative
 Website Walk-in Other _____

Name: _____ Social Security: _____
 Last First Middle

Address: _____ Email address: _____
 Street City State Zip Code

Phone Number: _____ Mobile/ Beeper/ Other: _____ Transportation: Bus Car Other _____

May we contact you at work? Yes No

If yes, what is your work number and what is the best time to call? _____

Emergency contact name: _____ Relationship: _____ Contact number: _____

Emergency contact address: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ Desired salary range: \$ _____ hourly/monthly

Type of employment desired: Full-time Part-time Temporary Seasonal

Willing to relocate: Yes No Willing to travel: Yes No Willing to work overtime: Yes No

Please explain if you cannot work overtime: _____

REFERENCES

List name and telephone number of three business/work references who are NOT related to you. At least one should be a previous supervisor. If not applicable, list school or personal references who are NOT related to you.

	NAME	TELEPHONE NUMBER	# OF YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

EMPLOYMENT HISTORY

Provide the following information on your past and current work experiences. You may include volunteer activities. Please start with most recent.

1. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Starting/ Final pay rate: _____
Job Description: _____
May we contact for reference? Yes No If not, why? _____

2. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Starting/ Final pay rate: _____
Job Description: _____
May we contact for reference? Yes No If not, why? _____

3. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Starting/ Final pay rate: _____
Job Description: _____
May we contact for reference? Yes No If not, why? _____

4. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Starting/ Final pay rate: _____
Job Description: _____
May we contact for reference? Yes No If not, why? _____

5. Employer: _____ Dates of employment: _____
Position held: _____ Supervisor: _____
Address: _____ Contact #: _____
Reason for leaving: _____ Starting/ Final pay rate: _____
Job Description: _____
May we contact for reference? Yes No If not, why? _____

Please explain any gaps in employment history: _____

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with most recent.

	SCHOOL	DEGREE DIPLOMA	MAJOR	MINOR	GPA	YEAR GRADUATED
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

EDUCATIONAL BACKGROUND

Summarize any special training, skills, licenses, certifications that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve National Guard or any other similarly protected status.

ORGANIZATION

OFFICES HELD

YEARS OF MEMBERSHIP

1. _____
2. _____
3. _____

List all special accomplishments, publications, awards, etc. Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve National Guard or any other similarly protected status.

1. _____
2. _____
3. _____

List any additional information you would like us to consider: _____

APPLICANT'S STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

I certify that I read, fully understand, and accept all terms of the foregoing Applicant's Statement.

Signature of applicant: _____ Date: _____