



LANAKILA PACIFIC

Building Independence for Challenged Lives

ADDRESS: 1809 Bachelot St.
Honolulu, HI 96817

PHONE (808) 531-0555
FAX (808) 533-7264
www.lanakilapacific.org

AN EQUAL OPPORTUNITY EMPLOYER

SOCIAL SECURITY NO.: ###-##-_____

RENEWAL DATE: _____

POSITION APPLYING FOR: _____

FULL NAME: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

EMPLOYMENT HISTORY: List all employments starting with your most recent employer. Include self-employment, military service, summer and part-time job(s). Please explain any gap in time between employments.

CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING
CURRENT OR FORMER EMPLOYER			EMPLOYMENT DATES		POSITION/TITLE	SALARY/WAGES		DUTIES
COMPANY NAME	FROM	TO				START	END	
ADDRESS					SUPERVISOR'S NAME			
CITY STATE ZIP CODE					PHONE NO.			REASON FOR LEAVING

Have you ever been terminated from employment or asked to resign? Yes No
 If yes, please list company(s) and explain. _____

REFERENCES: Please individuals who have worked with you or knowledgeable of your work history. Do not list relatives.

NAME	OCCUPATION	PHONE NO.	RELATIONSHIP TO YOU
ADDRESS	CITY STATE ZIP CODE	ALT. PHONE NO.	YEAR(S) KNOWN:
NAME	OCCUPATION	PHONE NO.	RELATIONSHIP TO YOU
ADDRESS	CITY STATE ZIP CODE	ALT. PHONE NO.	YEARS(S) KNOWN:

EDUCATION:

	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE		DEGREES
			YES	NO	
HIGH SCHOOL					
COLLEGE					
TRADE SCHOOL					
OTHER					

OTHER:

How have you heard about this position (be specific)? _____

Have you previously been employed by Lanakila Rehabilitation Center, Inc. dba Lanakila Pacific? Yes No
 If yes, under what name and position for purpose of verification of employment.

Do you know anyone presently working for Lanakila Rehabilitation Center, Inc. dba Lanakila Pacific? Yes No
 If yes, who, and what is your relationship (list all)? _____

Are you able to perform the essential functions of this job with or without reasonable accommodation?
 Yes No

NOTE:

It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in the U.S. (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).

If employment is offered, are you able to provide legal documents to verify your identity and eligibility to work in the U.S.?
 Yes No

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, correct, and complete. I understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
- B. I understand that this application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at-will" and it can be terminated at any time, either by the Company or myself, with or without reason and with or without notice.
- C. I understand and agree that only the President of the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Company may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Company. If employed by the Company, I further authorize the Company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- 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 Company, provided that such examination is job-related and consistent with business necessity. 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 testing test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and provide the Company with any additional consents(s) and/or release(s) as required by the Company to investigate my employment application.
- F. I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family court matters will not be considered.
- G. I understand and agree that if offered employment by the Company, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the Company of any agreements that would limit my ability to work for the Company.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

Applicant's Signature: _____ Date: _____

OUR MISSION

At Lanakila Pacific, our mission is to offer programs and services for adults with cognitive, physical, social, or age-related challenges that build and support higher levels of independence and an improved quality of life. Our core programs are Lanakila TLC, Teaching & Learning Centers, Lanakila Workforce Resources, and Lanakila Meals on Wheels *and more!*

In Hawaiian, the word Lanakila is defined as “victory.”

Lanakila Pacific’s commitment is to teach, encourage, and provide support to individuals with challenged lives so that they may discover within themselves a *mea Lanakila*, a champion in life.

