

HAMAKUA HEALTH CENTER, INC.

Application for Employment

Date:
Renewed:
Job/Position you are applying for: (Must be filled in)

GENERAL INFORMATION:

Name	Social Security No.
Address	Telephone No.
City State	Zip Code

EMPLOYMENT RECORD: STARTING WITH present or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Name & Address of Former Employer		Dates Employed		Position & Duties	Salary	Reason for Leaving
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	
Company Name	Phone	From	To		Starting	
No. & Street		Mo./Yr.	Mo./Yr.		Leaving	
City & State	Zip				Supervisor's Name	



	Mo./Yr.	Mo./Yr.		\$	
No. & Street				Leaving	
City & State	Zip		Supervisor's Name	\$	

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Cash Register	Other (list)
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Scanner	
<input type="checkbox"/> Word Processing		

REFERENCES: (Not relatives)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone

EDUCATION:

	Name of School	Address	No. of Yrs. Attended	Degrees
Elementary				
Jr. High/ Intermediate				
High School				
College				
Other (trade school, etc.)				

MEDICAL INFORMATION: Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____	Applicant's Initials _____
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