

**The Institute for Human Services**  
**350 Sumner Street, Honolulu, HI 96817 – Men’s Shelter**  
**546 Ka’aahi Street, Honolulu, HI 96817 – Women’s/Families’ Shelter**  
**Employment Application**



<b>Date:</b>	<b>Position Applying For:</b>
<b>Date Available to work:</b>	<b>Type of employment desired:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual

Please print and complete the application in its entirety, incomplete applications will not be considered.  
 Indicate by writing "none" where there is no information to provide.

<b>Name:</b> (last, first, middle initial)	<b>Social Security Number:</b>
<b>Address:</b> (street, apt.#, city, state, zip code)	<b>Phone Number:</b>
<b>How did you hear about this position?</b> Name of Newspaper, Employee, Agency or Other:	<input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Other
<b>Have you been employed here previously?</b> If yes, state when:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a current or former IHS guest?</b> If former, state the dates of your stay:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any relatives currently employed by IHS?</b> If yes, state name & relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you possess a valid driver’s license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a US citizen or legally authorized to work in the US?</b> IHS only employs US citizens or those who are legally authorized to work in the US. If offered employment you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List any other names you have used for employment/education purposes:</b>	

**Education & Training**

	School Name & Location	Years completed	Major	Degree/Diploma Earned
High School				
College				
Trade/ Business				
Other/ Military				

<b>Please list all software programs you have experience with:</b> <input type="checkbox"/> 10Key: Sight Touch <input type="checkbox"/> Word <input type="checkbox"/> Database <input type="checkbox"/> Typing: _____WPM <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Other, please list:
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## Employment Experience

Please list all relevant work experience beginning with the most recent, attach a second sheet if necessary.

<b>Employer:</b>	<b>Dates Employed:</b> (Month/Year) From: _____ To: _____
<b>Address:</b> (street, apt, city, state, zip code)	<b>Pay Rate:</b> Starting: _____ Final: _____
<b>Supervisor</b> _____ <b>Phone:</b> _____	<b>Position Title/Department:</b>
<b>Reason For Leaving:</b>	<b>Describe Work Performed:</b>
<input type="checkbox"/> Please check this box if we <u>may not</u> contact this employer.	

  

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<b>Reason For Leaving:</b>	<b>Describe Work Performed:</b>
<input type="checkbox"/> Please check this box if we <u>may not</u> contact this employer.	

I authorize IHS to verify all references and information provided by me in the application and release IHS, any person or company responding to any reference or information from any claim or liability regarding any information or opinion supplied.

I understand that if a job offer is made, it is subject to completion of a criminal background check, a pre-employment drug screening, and when job applicable, a drivers abstract, writing sample and educational/credentials verification. IHS may require me to submit to a complete post offer medical examination, and to any complete medical examination during my employment with the company, provided that such examination is job related and consistent with business necessity.

I understand that if I fail the drug test or refuse to submit to testing within 24 hours of a request, I will not be eligible for employment. With knowledge of that fact and for good and valuable consideration, I hereby specifically release the Institute for Human Services, its agents, employees, officers, successors, and assignees from all claims, actions, causes of action or administrative charges that may arise out of the application of the company's drug test policy. This release shall also extend to any refusal to hire or any other adverse action, which may result on account of an alleged violation of the Institute of Human Services Drug Test Policy.

This application is not a contract of employment and cannot create a contract. If employed by the company, I agree to conform to the guidelines and policies of the Company, and understand that my employment is at-will and can be terminated with or without cause and with or without notice at any time, at the option of either the company or myself.

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements, omissions, whenever discovered, regarding this application may result in disqualification from further consideration or for dismissal from employment.

Signature of Applicant:	Date:
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