



NATIVE HAWAIIAN EDUCATION COUNCIL

I lāhui na'auao Hawai'i pono, I lāhui Hawai'i i pono na'auao

APPLICATION FOR EMPLOYMENT

Date
Job/Position you are applying for (must be filled in)
Are you able to perform the essential functions of this position with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO

Equal Opportunity Employer: The Native Hawaiian Education Council (NHEC) is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by Federal, State, or local law.

GENERAL INFORMATION			
Name of Applicant		Email	
Mailing Address		Primary Phone (Cell or Residence)	
City	State	Zip Code	Secondary Phone (Cell or Residence)

Name & Address of Current or Former Employer	Dates Employed	Position & Duties	Reason for Leaving
Company Name	From (Mo./Yr.)	Position	
Street Address	To (Mo./Yr.)	Supervisor's Name	
City, State, Zip Code Phone			
Company Name	From (Mo./Yr.)	Position	
Street Address	To (Mo./Yr.)	Supervisor's Name	
City, State, Zip Code Phone			
Company Name	From (Mo./Yr.)	Position	
Street Address	To (Mo./Yr.)	Supervisor's Name	
City, State, Zip Code Phone			
Company Name	From (Mo./Yr.)	Position	
Street Address	To (Mo./Yr.)	Supervisor's Name	
City, State, Zip Code Phone			

MISCELLANEOUS
May we contact your current employer(s), if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know anyone presently working for our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____

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REFERENCES (Not relatives)			
Name		Occupation	
Email Address	Primary Phone (Cell or Residence)		Secondary Phone (Cell or Residence)
Name		Occupation	
Email Address	Primary Phone (Cell or Residence)		Secondary Phone (Cell or Residence)
Name		Occupation	
Email Address	Primary Phone (Cell or Residence)		Secondary Phone (Cell or Residence)

EDUCATION				
Level	Name of School	Location / Address	# Yrs. Attended	Degree(s)
High School				
College				
Other (grad school, trade school, etc.)				

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

ACKNOWLEDGMENT AND CERTIFICATION

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete and if this 'acknowledgement and certification' is not signed. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize NHEC to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. I give my consent to NHEC to perform a Criminal History Record Clearance. In exchange for NHEC's consideration of my application for employment, I hereby release NHEC and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the NHEC regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at NHEC's expense and by a physician chosen by NHEC, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at NHEC's expense and by a physician chosen by NHEC. I agree to provide NHEC with any authorization or release which may be required for a pre-employment medical examination or drug test.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is at-will and can be terminated at any time, either by myself or the NHEC, with or without cause or reason and with or without notice.

This application will only be considered for three months. I understand that if I have not been hired within three months of completing this application, and I still wish to be considered for employment, I must complete another application.

Applicant's Signature

Date