



APPLICATION FOR EMPLOYMENT

HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
 888 Mililani Street, Suite 601, Honolulu, HI 96802-2930
 PH: 536-2351 • FAX: 528-4059

FOR OFFICE USE
 #

INDICATE JOB FOR WHICH YOU ARE APPLYING	DATE	RENEWED
I AM INTERESTED IN THE FOLLOWING		
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY

GENERAL INFORMATION

NAME (Print)	SOC. SEC. NO.	PHONE NO.
ADDRESS		ALT. PHONE NO.

EDUCATION

HIGH SCHOOL	NO. OF YEARS ATTENDED
ACCREDITED COLLEGE(S)	DEGREE/MAJOR
	DEGREE/MAJOR
OTHER (TRADE SCHOOL, ETC.)	CERTIFICATE
OTHER SPECIALTY LICENSE OR CERTIFICATION (PROOF OF DOCUMENT WILL BE REQUIRED)	EXPIRATION DATE
SPECIALIZED SKILLS	

EMPLOYMENT RECORD

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS, INCLUDE SELF-EMPLOYMENT, SUMMER OR PART-TIME JOBS FOR WHICH YOU WERE PAID. INCLUDE ALL EMPLOYMENT IN THE PAST 10 YEARS. ATTACH ADDITIONAL SHEET AS NECESSARY.

NAME	FROM	TO
ADDRESS	STARTING PAY	ENDING PAY
PHONE NO.	CONTACT PERSON/POSITION	NO. HRSWK
POSITION HELD/GENERAL DUTIES		
REASON FOR LEAVING		
NAME	FROM	TO
ADDRESS	STARTING PAY	ENDING PAY
PHONE NO.	CONTACT PERSON/POSITION	NO. HRSWK
POSITION HELD/GENERAL DUTIES		
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REASON FOR LEAVING		
NAME	FROM	TO
ADDRESS	STARTING PAY	ENDING PAY
PHONE NO.	CONTACT PERSON/POSITION	NO. HRSWK
POSITION HELD/GENERAL DUTIES		
REASON FOR LEAVING		

REFERENCES (NOT RELATIVES)

LIST NAMES, COMPLETE ADDRESS AND PHONE NUMBER OF 3 PERSONAL REFERENCES

HAVE YOU PREVIOUSLY WORKED FOR HGEA/AFSCME? IF YES, WHEN?

U. S. MILITARY SERVICE

BRANCH	YEAR SEPARATED	RANK AT SEPARATION
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OTHER INFORMATION

A. REASON FOR INTEREST IN THIS POSITION

B. RELATABLE EXPERIENCE FOR POSITION YOU ARE APPLYING

C. DATE YOU CAN BEGIN WORKING

D. SALARY YOU EXPECT

IS THERE ANY REASON YOU MIGHT BE REFUSED BONDING? _____

ARE YOU RELATED TO ANY EMPLOYEE OF HGEA/AFSCME? _____

WHO? _____

RELATIONSHIP? _____

HOW DID YOU KNOW ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?

ADVERTISEMENT _____

WHERE? _____

HGEA EMPLOYEE _____

WHO? _____

OTHER _____

NOTE: It is the policy of HGEA/AFSCME 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.

I understand that HGEA/AFSCME may inquire into and consider any criminal conviction record that I may have after a conditional offer of employment is presented to me. This inquiry would be restricted to only those conviction records that are reasonably related to my potential position with HGEA/AFSCME. HGEA/AFSCME may withdraw a conditional employment offer if it is discovered that I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. I further understand that any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.

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. I also understand that any misrepresentation or omission will subject me to discharge, and I hereby authorize any investigation of the above information for purposes of consideration of my application for employment. I understand that any offer of employment is subject to satisfactory references.

This application is not a contract and cannot create a contract. I understand that my employment is "at will" and can be terminated at any time by any party, with or without cause, and with or without notice.

Signature _____

Date _____

Reviewed by Administration _____

Date _____