



# Application for Employment

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

Kalākaua Gardens 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..

Are you able to perform the essential functions of this position with or without reasonable accommodation? \_\_\_\_\_ Applicant's initials \_\_\_\_\_

**GENERAL INFORMATION:**

Name	Email Address:
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	Reason for Leaving
<i>Company Name</i> Phone	From Mo./Yr. To Mo./Yr.		
No. & Street			
City & State Zip			
<i>Company Name</i> Phone	From Mo./Yr. To Mo./Yr.		
No. & Street			
City & State Zip			
<i>Company Name</i> Phone	From Mo./Yr. To Mo./Yr.		
No. & Street			
City & State Zip			
<i>Company Name</i> Phone	From Mo./Yr. To Mo./Yr.		
No. & Street			
City & State Zip			
<i>Company Name</i> Phone	From Mo./Yr. To Mo./Yr.		
No. & Street			
City & State Zip			

REFERENCES: (Not relatives)

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

EDUCATION:

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

LICENSURES, CERTIFICATIONS & CERTIFICATES:

Type	License/Certification Number	Expiration Date

OTHER:

Do you know anyone presently working for our company? \_\_\_\_\_ If so, who? \_\_\_\_\_

NOTE:

It is the policy of this Company 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.)

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. I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize Kalakaua Gardens(KG) to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for KG's consideration of my application for employment, I hereby release KG 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 KG 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 KG's expense and by a KG-chosen physician, 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 KG's expense and by a KG-chosen physician. I agree to provide KG 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 Kalakaua Gardens, with or without cause or reason and with or without notice. Only the General Manager is authorized to modify Kalakaua Garden's at-will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the General Manager.**

This Application for Employment 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 of Employment.

\_\_\_\_\_ Application Date \_\_\_\_\_ Applicant's Signature



### PRE-PLACEMENT DRUG TESTING

In accordance with the Drug and Alcohol-Free Work Place Policy ("Policy") of Kalakaua Gardens ("Company"), and its practice of providing and maintaining a safe and healthful working environment for all employees, I hereby agree that I will voluntarily submit to a drug and/or alcohol screen test under the terms of the Policy, should a conditional offer of employment be extended to me:

All offers of employment are contingent upon the applicant submitting to a drug test. Kalakaua Gardens will not hire any individual who refuses to undergo drug testing or is detected as having unauthorized or illegal drugs present in his/her body.

I also understand and agree as follows:

- My specimen(s) may be tested for any of the following substances: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Opiates, and Phencyclidine, or any drug listed in Schedules I – V of the federal Controlled Substances Act and Schedules I – V of Chapter 329 of the Hawaii Revised Statutes.
- Negative and positive results will be reported to the Company. If the results are positive, the controlled substance may be identified.
- Over-the-counter medications or prescribed drugs may result in a positive test result. For this reason, the Medical Review Officer may need my assistance in identifying medications or drugs I may have taken at the time of my drug screen test to ensure accuracy of results.
- This information may be used to determine employment eligibility, fitness for duty, or continued employment.
- If I fail to report to the designated collection site within twenty-four (24) hours from the time of notification, I will be disqualified for any and all employment which may be available now for which may become available in the future.

I understand the above conditions and I hereby authorize the release of the test results to management of the Company, including any positive test result for marijuana use regardless of whether I am a qualifying patient for the use of medical marijuana under Hawaii law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (print)