



**State of Hawai'i**  
**Waimea Middle Public Conversion Charter School**  
**67-1229 Mamalahoa Highway**  
**Kamuela, Hawaii 96743**

**EMPLOYMENT APPLICATION**

**GENERAL INSTRUCTION:** Please type or print legibly in ink.

The information you provide will be used to determine whether you are eligible for the job for which you are applying and to assist the appointing authorities in the selection process.

- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and accompanying material are confidential and becomes our property. Please make your own copy of your application before submitting it.

The information you provide will be used to determine whether you meet public employment requirements. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discriminating on the basis of age with respect to individuals who are at least 40 years of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of age, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where there is a bona fide occupational qualification. The federal and state laws apply to all forms of employment decisions and actions, including pre-employment inquiries.

**The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.**

*Thank you for your interest at Waimea Middle Public Conversion Charter School. This application will remain valid for one year from date received.*

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Number, Street, City, State, Zip Code)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What specific position are you applying for? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Please check those for which you are available?  Full-time  Part-time

**CITIZENSHIP STATUS** Please place a checkmark in the appropriate block:  
 Citizen of the U.S.  National of the U.S.  Permanent Resident Alien of the U.S.  Other – Non-citizen of the U.S.

**RESIDENCE STATUS** Please check the appropriate block and fill in the spaces:  
 Are you a current or former legal resident of Hawai'i:  Yes  No

The month/year Hawai'i residence began: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
 Period (month/year) of former legal residency: from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**CERTIFICATE OF APPLICANT**

*I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i.*

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EDUCATION** (including high school, college/university, technical school)*Applicants may be asked to provide copies of diplomas/transcripts.*

SCHOOL OR INSTITUTION AND LOCATION	MAJOR/MONIR	DIPLOMAS, DEGREES, OR CREDITS EARNED	NAME WHILE THERE IF DIFFERENT

**WORK EXPERIENCE** (List present first. Explain any gap(s) in your work experience on a separate sheet and attach it to this application)

Date from:	Name and address of employer:	Your title:
Date to:		
Duties and Responsibilities:		Annual salary:
Reason for leaving:		Phone: ( )

Date from:	Name and address of employer:	Your title:
Date to:		
Duties and Responsibilities:		Annual salary:
Reason for leaving:		Phone: ( )

Date from:	Name and address of employer:	Your title:
Date to:		
Duties and Responsibilities:		Annual salary:
Reason for leaving:		Phone: ( )

## ADDITIONAL QUALIFICATIONS, SKILLS & CERTIFICATIONS

Please list extracurricular areas, special skills, experiences, or qualifications that you feel qualify you for this position.

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List your equipment proficiencies as applicable to position desired.

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Indicate those that apply to you. Attach copies of certificates/licenses.

CPR (Exp. Date: \_\_\_\_\_)     First Aid (Exp. Date: \_\_\_\_\_)     CDL License (Exp. Date: \_\_\_\_\_)

## REFERENCES

This information you provide in this section will be used strictly in the evaluation for the job(s) for which you are applying. If you have additional references, you may list them on a separate sheet titled: Employment References.

Name, Title of Reference	Phone Number:
Employer (Include Company, Department, Subsidiary)	
Mailing Address:	

Name, Title of Reference	Phone Number:
Employer (Include Company, Department, Subsidiary)	
Mailing Address:	

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Employer (Include Company, Department, Subsidiary)	
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