

UCERA

University Clinical, Education & Research Associates

677 Ala Moana Boulevard, Suite 1003 • Honolulu, HI 96813-4100 • phone: (808) 469-4968 • fax: (808) 536-7315

EMPLOYMENT APPLICATION

I. PLEASE PROVIDE THE FOLLOWING INFORMATION				
Last Name	First Name	Middle	Social Security Number	
Street Address			Home Phone ()	Work Phone ()
City	State	Zip	Email Address	Other Phone ()
II. EMPLOYMENT HISTORY: BEGIN WITH MOST RECENT POSITION				
Employer		Dates Employed From / To /		Position Held
Address		Phone Number ()		Reason for Leaving
Supervisor's Name		Salary		If current position, may we contact?
Employer		Dates Employed From / To /		Position Held
Address		Phone Number ()		Reason for Leaving
Supervisor's Name		Salary		If current position, may we contact?
Employer		Dates Employed From / To /		Position Held
Address		Phone Number ()		Reason for Leaving
Supervisor's Name		Salary		If current position, may we contact?
Employer		Dates Employed From / To /		Position Held
Address		Phone Number ()		Reason for Leaving
Supervisor's Name		Salary		If current position, may we contact?
PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT FOR THE LAST 7 YEARS:				
III. EDUCATION/DEGREE: LIST HIGHEST LEVEL ATTAINED				
<u>College/University</u>	<u>Name of School</u>	<u>No. of Yrs. Completed</u>	<u>Course of Study</u>	<u>Degree Received</u>
High School				
Other (Trade School, etc)				
LIST LICENSE / CERTIFICATONS:				

Last Name	First Name	Middle	Social Security Number
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Please indicate your availability:

Full Time Part time On Call

Are you Authorized to work for all employers in the United States? Yes No

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.)*

PLEASE ANSWER THE FOLLOWING QUESTIONS: EXPLAIN ANY YES ON THE BACK OF THIS FORM
Please note that answering "Yes" to any questions does not automatically disqualify you from employment.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Have you ever worked for UCERA or any University of Hawaii affiliates? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Have you been interviewed for a position at UCERA within the last three months? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Are you able to perform the essential functions of this job with or without reasonable accommodation? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Do you know anyone presently working for UCERA? Is so, who? |

IV. PROFESSIONAL REFERENCES (Not relatives or friends)

Name	Occupation	Phone Number ()	Email Address
Name	Occupation	Phone Number ()	Email Address
Name	Occupation	Phone Number ()	Email Address

I CERTIFY THAT ALL ANSWERS AND DOCUMENTATION (HARD COPY AND/OR ELECTRONIC) GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, marital status, national origin, citizenship status, ancestry, sexual orientation, disability, veteran status, or/and to any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I authorize the Company to contact references provided for employment reference checks. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment is "at will" and may be terminated with or without cause, and with or without notice, at any time, at the option of either myself or the company, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and Plan Administrator shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

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EMPLOYMENT VERIFICATION CONSENT

I, _____ (print name), hereby authorize my current and/or prior employer(s) to release any and all information relating to my employment with them to University Clinical, Education and Research Associates (UCERA). I further release and hold harmless both prior and/or current employer(s) and UCERA from any and all liability that may potentially result from the release and/or use of such information. I understand that any information release by my current and/or prior employer will be held in the strictest confidence.

Signature: _____ Date: _____