

UCERA

University Clinical, Education & Research Associates

677 Ala Moana Boulevard, Suite 1001 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7316

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				
College/University	<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:

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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: _____