

APPLICATION FOR GENERAL EMPLOYMENT

(F.L.S.A. Non-Exempt Employees)

LANAKILA BAPTIST CHURCH & SCHOOLS

MAIL OR DELIVER COMPLETED APPLICATION TO:
LANAKILA BAPTIST CHURCH & SCHOOLS
94-1250 Waipahu Street
Waipahu, HI 96797

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS APPLICATION

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

OFFICE USE ONLY: Do Not Write In This Box

INITIAL REVIEW: APPRV. _____ DISAPPRV. _____
BY: _____

REASON(S):

INITIAL INTERVIEW:

DATE: _____ TIME: _____ BY: _____

EMPL. STATUS: F.T. _____ P.T. _____ TEMP. _____

THIS APPLICATION IS ONE PART OF THE EMPLOYMENT EXAMINATION PROCESS. PLEASE READ THE JOB DESCRIPTION, EMPLOYMENT BULLETIN OR LIST OF MINIMUM JOB QUALIFICATIONS BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT. YOU MUST FAIRLY MEET ALL MINIMUM QUALIFICATIONS TO BE CONSIDERED FOR EMPLOYMENT.

APPLYING FOR:

JOB TITLE/POSITION SOUGHT:

POSSIBLE START DATE:

APPLICANT NAME AND CONTACT INFORMATION

NAME, (Last, First, M.I.):

HOME ADDRESS, (Street, Apt., City, State, Zip):

MAILING ADDRESS, (If different from above):

TELEPHONE:

Home:

Work:

E-MAIL ADDRESS:

EDUCATIONAL BACKGROUND

DO YOU HAVE A HIGH SCHOOL DIPLOMA?: Yes No

IF NO, HIGHEST GRADE COMPLETED:

HIGH SCHOOL ATTENDED, (Name, Address):

DO YOU HAVE A COLLEGE DEGREE?: Yes No

IF NO, HAVE YOU ATTENDED?: Yes No

College(s) Attended: Name & Location

Dates Attended

Major

Credits Completed

Type of Degree

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COMPUTER OR OTHER SPECIALIZED TRAINING

HAVE YOU HAD SPECIALIZED TRAINING?: Yes No

IF YES, PLEASE DESCRIBE BELOW:

LIST COMPUTER PROGRAMS WITH WHICH YOU ARE PROFICIENT:

WORK EXPERIENCE

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2 x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information include in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? <input type="checkbox"/> YES <input type="checkbox"/> NO How many?	Job titles of Those You Supervise:
Dates of Employment (From: Month/Day/Year To	Is your position considered full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	How many hours do you work per week?	
Job Duties: Reason For Leaving:		

Job Number 2		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? <input type="checkbox"/> YES <input type="checkbox"/> NO How many?	Job titles of Those You Supervise:
Dates of Employment (From: Month/Day/Year To	Is your position considered full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	How many hours do you work per week?	
Job Duties: Reason For Leaving:		

Job Number 3		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? <input type="checkbox"/> YES <input type="checkbox"/> NO How many?	Job titles of Those You Supervise:
Dates of Employment (From: Month/Day/Year To	Is your position considered full-time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	How many hours do you work per week?	
Job Duties: Reason For Leaving:		

CONSENTS AND LEGAL AFFIRMATIONS

ATTACHED TO THIS APPLICATION IS A DECLARED COPY OF L.D.C.& S. RULES & STANDARDS OF CONDUCT / SIGNATURES BELOW ATTEST ITS RECEIPT.

FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT. IF CONSENT TO CONTACT YOUR PRESENT EMPLOYER IS GRANTED WITH THIS APPLICATION, PLEASE SO NOTE BY SIGNING ON THE LINE BELOW, DULY AUTHORIZING THAT CONTACT. IF YOUR CONSENT IS NOT TO BE GIVEN, PLEASE PROVIDE A BRIEF EXPLANATION.

CONSENT TO CONTACT PRESENT EMPLOYER: Consent Granted Consent Not Granted



SIGNATURE: _____ **DATE:** _____

Explanation,(Use additional sheet if necessary):

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA AS PER THE PROVISIONS AND EXCLUSIONS OF THE "IMMIGRATION REFORM AND CONTROL ACT OF 1986." BY SIGNING BELOW, I DO HEREBY AFFIRM THAT I AM OF LEGAL WORKING AGE AND AM EITHER AN AMERICAN CITIZEN OR HAVE BEEN LEGALLY APPROVED FOR EMPLOYMENT WITHIN THE UNITED STATES OR ITS TERRITORIES.



SIGNATURE: _____ **DATE:** _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN FOR A MINOR TRAFFIC VIOLATION? IF YOUR ANSWER IS "YES," PLEASE PROVIDE A BRIEF EXPLANATION IN THE SPACE PROVIDED. IF A SEPARATE SHEET OF PAPER IS NECESSARY, PLEASE ATTACH TO THIS APPLICATION FOR SUBMISSION.

CONVICTION FOR LEGAL VIOLATION OTHER THAN MINOR TRAFFIC?: Yes No



SIGNATURE: _____ **DATE:** _____

Explanation,(Use additional sheet if necessary):

I DO HEREBY AFFIRM THAT THE INFORMATION I HAVE SUBMITTED UPON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, COMPLETELY ACCURATE AND CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS. I FURTHER UNDERSTAND THAT ITS CONTENTS SHALL BE KEPT IN COMPLETE CONFIDENTIALITY, AS PER ANY AND ALL RELEVANT LAWS OF THE STATE OF HAWAII AND THE UNITED STATES OF AMERICA. I FURTHER AGREE TO COMPLY WITH AND SUBMIT TO ANY FEDERAL OR STATE CRIMINAL BACKGROUND CHECK THAT MAY BE REQUIRED.



SIGNATURE: _____ **DATE:** _____