



KCAA Preschools of Hawai'i
 2707 South King St. • Honolulu, HI 96826 • Ph: (808) 941-9414 • Fax: (808) 946-1468

Office Use Only
Location Referred To _____
Date Referred _____

APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING: _____	DATE: _____
<input type="checkbox"/> In-House Substitute/Floater	
Check the locations at which you are willing to work:	
<input type="checkbox"/> All Schools	
<input type="checkbox"/> Hawaii Kai <input type="checkbox"/> Kahala <input type="checkbox"/> Kailua <input type="checkbox"/> Kakaako <input type="checkbox"/> Kalihi <input type="checkbox"/> Kapalama <input type="checkbox"/> Moiliili <input type="checkbox"/> Main Office	

Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip)

Phone No. _____ Cellular No. _____

E-mail Address _____ Alternate Phone No. _____

EDUCATION/TRAINING

Did you graduate from High School? Yes No

Name of School _____ Location _____
 (City) (State)

NAME & LOCATION OF SCHOOL	MAJOR	DID YOU GRADUATE	
College/University		<input type="checkbox"/> Yes	DEGREE / DIPLOMA
			<input type="checkbox"/> No
College/University		<input type="checkbox"/> Yes	DEGREE / DIPLOMA
			<input type="checkbox"/> No
Other Training/Education		<input type="checkbox"/> Yes	DEGREE / DIPLOMA
			<input type="checkbox"/> No

STUDENT AND/OR INTERN TEACHING EXPERIENCE

FROM	TO	SCHOOL NAME & ADDRESS	NAME OF PRINCIPAL/ HEAD TEACHER	SEMESTER HOURS

Describe any specialized training, skills, activities, qualifications or membership in professional organizations that would enhance your work with KCAA.

EMPLOYMENT RECORD

LIST CURRENT OR MOST RECENT EMPLOYER FIRST. Specify all employment and include self-employment, temporary, part-time jobs and volunteer work. Please attach additional sheets if necessary, following the same format.

EMPLOYER NAME & ADDRESS	DATES OF EMPLOYMENT		WORK PERFORMED (If with children, specify age group.)
	From Mo./Yr.	To Mo./Yr.	
Company Name:			
Address:			
Phone No.:			
Supervisor Name & Job Title:	Hourly Wage/ Monthly Salary		
Last position held:	Starting:		
Reason for leaving:	Ending:		
Company Name:			
Address:			
Phone No.:			
Supervisor Name & Job Title:	Hourly Wage/ Monthly Salary		
Last position held:	Starting:		
Reason for leaving:	Ending:		
Company Name:			
Address:			
Phone No.:			
Supervisor Name & Job Title:	Hourly Wage/ Monthly Salary		
Last position held:	Starting:		
Reason for leaving:	Ending:		
Company Name:			
Address:			
Phone No.:			
Supervisor Name & Job Title:	Hourly Wage/ Monthly Salary		
Last position held:	Starting:		
Reason for leaving:	Ending:		

REFERENCES

Please list three references who are not related to you: 2 Professional and 1 Personal.

NAME	ADDRESS	OCCUPATION	PHONE #	RELATIONSHIP

PERSONAL INFORMATION

- How were you referred to KCAA? _____
- Do you have friends or relatives who are or have been employed with KCAA? Yes No
If yes, who? _____
- Have you applied for a job with KCAA before? Yes No If yes, when? _____
- Have you previously worked at KCAA? Yes No If yes, when? _____
- What days and hours are you available to work? _____
 Full-time Part-time
- What is your desired wage/salary for the position for which you are applying? _____
- If hired, on what date can you begin work? _____
- Are you legally authorized to work in the United States? Yes No
Note: If offered employment, you will be required to submit the Immigration and Naturalization Form I-9 as required by the 1986 Immigration Reform and Control Act.
- You are not required to disclose information about physical or mental limitations that you believe will not interfere with your job performance. However, if you want KCAA to consider special arrangements to accommodate a physical or mental impairment, you may suggest the kind of accommodation that you believe would be appropriate for consideration by KCAA in the space below.

(Note: If you have been provided a job description of the position for which you are applying, please review the job description carefully to determine whether you are able to perform the essential job functions, with or without reasonable accommodation, and make your voluntary disclosure accordingly.)

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

- A. I certify that the information contained in this application submitted on the date noted below is true and correct to the best of my knowledge, and understand that any false or misleading statements or material omissions, whenever discovered, regarding this application may result in disqualification from further consideration or for dismissal from employment.
- B. If employed by KCAA Preschools of Hawai'i ("KCAA"), **I AGREE TO CONFORM TO KCAA'S GUIDELINES AND POLICIES AND UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON BY THE ORGANIZATION OR MYSELF WITH OR WITHOUT ADVANCE NOTICE.** If employed by KCAA under terms of a collective bargaining agreement, the above statement will not apply.
- C. I understand and agree that only the President of KCAA or her representative has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment.
- D. I understand and agree that I may be required to submit to drug testing and a complete post-offer, pre-employment medical examination as part of my application for employment. I understand that the cost for these pre-employment medical clearances will be at my own expense.
I also understand and agree that I may be required to submit to a complete medical examination during my employment with KCAA, provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by KCAA.
I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to KCAA in accordance with state and/or federal laws. KCAA will keep such results confidential and disclose the results only to persons who need to know or where required by law. I also agree to fully cooperate and provide KCAA with any additional consent(s) and/or release(s) as required by KCAA to investigate my employment application.
- E. I understand and agree that if offered employment by KCAA, I may be required to disclose criminal conviction information in accordance with law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by KCAA.
Note: Criminal History (fingerprinting) clearance will be required for jobs involving contact with young children in the preschools.
- F. Although KCAA makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.
- G. I hereby consent to and authorize KCAA to use my photograph or my likeness for publication in printed media, on television, on internet media such as KCAA's website or Facebook page, and/or in any other media for no other pay or reimbursement.
 Yes No
- H. I understand and agree that all the foregoing terms and conditions will become part of my employment relationship with KCAA if I am employed by KCAA.

Thank you for your interest in KCAA. You must properly complete ALL portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. KCAA is an equal employment opportunity employer. We do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, military service or other protected categories in accordance with State and Federal laws, except where a bona-fide occupational qualification exists. KCAA does not discriminate against handicapped persons who, with or without reasonable accommodations, can perform the essential functions of the job.
Note: This application is only valid for three months after submission to KCAA and only for the position for which you applied.

**AUTHORIZATION/
SIGNATURE OF APPLICANT _____ DATE _____**