



GENERAL APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:

Position Desired: _____
 (Required Information)

Full Time Part time
 Temporary On-call

Program: _____

Salary Requirements: _____

Date Available for Work: _____

 Name Last First Middle

 Address City/State Zip Code

 Cell or Home Phone Number Email Address

Have you ever used any other names during the course of your education or previous employers? Yes No

If the answer is yes, please specify: _____

EMPLOYMENT HISTORY:

Begin with present or most recent employer first. Please fill out completely, listing all previous employers within the past seven (7) years even if you provided a resume. Include self-employment, military service, summer, and part-time jobs. Please circle the name of any employer or supervisor who you **do not** want contacted at this time. If necessary, attach additional sheets following the same format.

Employer _____

 Address City/State Zip code

 Area Code/Phone Position

 Supervisor's name and title Part or Full time

 Date of employment From: Month/Year To: Month/Year

 Specific job duties

 Reason for leaving

Employer

Address	City/State	Zip code
Area Code/Phone	Position	
Supervisor's name and title		Part or Full time
Date of employment	From: Month/Year	To: Month/Year
Specific job duties		
Reason for leaving		

Employer

Address	City/State	Zip code
Area Code/Phone	Position	
Supervisor's name and title		Part or Full time
Date of employment	From: Month/Year	To: Month/Year
Specific job duties		
Reason for leaving		

Additional employment history attached: Yes No

MEDICAL INFORMATION:

I am able to perform the essential functions of this job as stated on the job description **with or without** reasonable accommodation.

Yes No

Applicant's initials

EDUCATION:

Name of school	City/State	# of years completed	Did you graduate?	Major/subject or degree
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High School

Technical school, college or university

Graduate Work

Additional training, special achievement, certificates or license, or honors relevant to position applying for.

REFERENCES (Not relatives):

Name: _____ Occupation: _____

Address: _____ Telephone number: _____

Name: _____ Occupation: _____

Address: _____ Telephone number: _____

NOTE:

- It is the policy of Partners in Development Foundation (PIDF) to hire only U.S. citizens and aliens who are authorized to work in the U.S. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work in the U.S. according to the U.S. Citizenship and Immigration Service’s Form I-9.)
- It is standard policy of PIDF to conduct a certified Criminal Abstract and, if applicable, Traffic Abstract, if you are a designated driver for PIDF. The findings of these certified legal records must be satisfactory within PIDF employment hiring standards.

OTHER:

Do you know anyone presently working for our company? _____ If so, who? _____

If you wish, list community and professional organizations to which you belong (exclude religious and racial groups). Also, include hobbies or recreational activities you enjoy:

ACKNOWLEDGMENT AND CERTIFICATION

Please read each statement closely before initialing and signing:

_____ **Confidentiality and Privacy Disclosure**

It is in the best interest of PIDF to protect the privacy or personal information of all applicants, employees, volunteers, interns, trainees, and independent contractors.

_____ **Equal Employment Opportunity Disclosure**

PIDF is an equal opportunity employer. We do not discriminate on the basis of race, sex (including gender identity or expression), religion, color, national origin, sexual orientation, disability, marital status, age, military/veterans status, credit history, ancestry, citizenship, arrest and court record, genetic information, domestic or sexual violence victim status, or other status protected by Federal, State or local laws. If I require accommodation during the employment application process, I will let PIDF know.

_____ **Discrimination and Sexual Harassment Policy Disclosure**

PIDF will not tolerate any form of unlawful discrimination, including sexual harassment. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to that conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of that conduct by an individual is used as the basis for employment decisions affecting that individual; (3) that conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. Employees who violate our policy may be subject to disciplinary action, up to and including unpaid suspension and/or immediate termination of employment.

_____ **Drug & Alcohol Free Workplace Program and Physical Examination Disclosure**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to under a medical (or drug) examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

_____ **Work Schedules**

I understand that work schedules are subject to change at any time based on the needs of the operation and that overtime may be required and must be approved in advance by my supervisor.

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize PIDF to investigate my work history, education, character, credentials, reputation, and background for purposes of considering my application for employment.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or PIDF, with or without cause or reason and with or without notice.

I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with PIDF if I am employed by PIDF.

Applicant's Signature

Application Date

Because Partners in Development Foundation would like to know as much as possible about each applicant for a teaching position and thereby give full consideration to the applicant's qualifications, we seek information in addition to the basic application form. Your response to the eight questions below will help us know you better as a teacher.

Name _____ Date _____

Directions: Please answer each of the questions given below as best as you can. The space provided should be adequate, but if more space is needed please attach additional pages.

1. What do you want to accomplish as a teacher?

2. How do you go about deciding what it is that should be taught to the children in your care?

3. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?

4. What do you think will provide you the greatest pleasure in teaching?

5. Have you had any experience working with Native Hawaiian families? Please explain.

6. When you have some free time, what do you enjoy doing most?

7. Have you had any experience working with parents and/or caregivers of young children?

8. This job requires lifting over 40 pounds on a regular basis. Are you able to meet this essential function of this job with or without reasonable accommodation?
