



Hawai'i Preparatory Academy  
 65-1692 Kohala Mountain Road  
 Kamuela, Hawai'i 96743  
 E-mail: hr@hpa.edu • Fax: 808-881-4071

## GENERAL EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Full Name (Last, First, Middle): \_\_\_\_\_

Current Address (Number, Street, City, State, Zip Code): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Position Desired (1<sup>st</sup> choice): \_\_\_\_\_ (2<sup>nd</sup> choice): \_\_\_\_\_

Have you previously been employed by Hawai'i Preparatory Academy? .....  Yes  No

If yes, give dates and positions held: \_\_\_\_\_

Do you have relatives or friends employed by Hawai'i Preparatory Academy? .....  Yes  No

If yes, list name(s) and relationship(s): \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor (other than minor traffic offenses)? .....  Yes  No

If yes, please provide complete details listing date, charge, city, and action taken: \_\_\_\_\_

Can you with or without reasonable accommodation perform the essential functions of this job? .....  Yes  No

*If you have any questions about the functions of the job, please ask the interviewer before answering this question.*

Are you legally eligible to work in the United States? .....  Yes  No

### WORK EXPERIENCE: Begin with most recent.

From (Month/Year)	To (Month/Year)	Company	Position	Reason for Leaving	Supervisor & Phone/E-mail

### SKILLS: Please check/list all that apply to you. Attach copies of certifications/licenses, if applicable.

Typing (WPM: \_\_\_\_\_)     First Aid (Exp. Date: \_\_\_\_\_)     CPR (Exp. Date: \_\_\_\_\_)

Lifeguard (Exp. Date: \_\_\_\_\_)     CDL License (Exp. Date: \_\_\_\_\_)

Software Experience: \_\_\_\_\_

Other Skills: \_\_\_\_\_

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Applicant's name: \_\_\_\_\_

**EDUCATION:** Including high school, technical school, college/university. Begin with most recent.

Dates	Name of institution	Major	Minor	Degree

Add here any special honors, outstanding achievements, awards, etc., or individual strength not identified earlier in this application, which you feel, will assist in arriving at a true estimate of your qualifications.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please list professional references that may be contacted.

Name	Position/Occupation	E-mail Address	Phone Number

**CERTIFICATION: Please read carefully before signing.**

- *I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission, whenever discovered, shall be sufficient grounds for immediate discharge or disqualification from further consideration for employment.*
- *I authorize the Academy to verify all information provided by me in this application and release the Academy, its agent, and any person or company responding to any request for information from any claim or liability regarding information or opinion supplied.*
- *I authorize the Academy to conduct a background check on me and to contact all references provided by me in this application. I understand that any offer of employment is subject to satisfactory background check and references.*
- *I understand that the Academy requires a criminal background check on me and requires me to take a drug test after it makes a conditional offer of employment to me. I also understand that the Academy may withdraw a conditional employment offer if it determines that I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of any position for which I am applying, and/or if my drug test result is positive.*
- *I understand that if I am employed by the Academy, I will be required to conform to the guidelines and policies of the Academy.*
- *I also understand that only the Headmaster of the Academy has any authority to enter into any agreement to employ me for any specified time or to modify terms and conditions of my employment.*

Thank you for your interest in Hawai'i Preparatory Academy. Your application will be considered without regard to race, gender, religion, color, national origin, or any other basis prohibited by state or federal law. This application will remain valid for a one-year period after submission to the Academy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date