



Ronald McDonald House Charities® of Hawaii

1970 Judd Hillside * Honolulu, Hawaii 96822 * TEL: 973-5683 * FAX: 955-8794

Employment Application

Position Applying for	Date
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INFORMATION				
Last Name		First	M.I.	
Street Address		City	State	Zip
Phone ()		E-mail Address		
Date Available		Social Security No.		
Type of Employment desired:		Are you willing to travel if required?		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you possess a valid Driver's License?		Are you available on weekends/overtime?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this company?		If so, when?		
YES <input type="checkbox"/> NO <input type="checkbox"/>				

EDUCATION				
Name of School		Address	No. Yrs. Completed	Degree
High School				
College				
Other				

REFERENCES	
<i>Please list three professional references who are not related to you and are not previous supervisors. If not applicable, please list three school or personal references who are not related to you.</i>	
Full Name	Company
Address	Phone ()
Full Name	Company
Address	Phone ()
Full Name	Company
Address	Phone ()

Ronald McDonald House Charities® of Hawaii
Employment Application
Page 2

PREVIOUS EMPLOYMENT

Please list your last three employers, starting with the most recent.

Company		Dates Employed	Salary	Responsibilities
Address		From Mo./Yr.	Start \$	
Job Title		To Mo./Yr.	End \$	
Supervisor's Name/Title		Phone ()		
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>

Company		Dates Employed	Salary	Responsibilities
Address		From Mo./Yr.	Start \$	
Job Title		To Mo./Yr.	End \$	
Supervisor's Name/Title		Phone ()		
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>

Company		Dates Employed	Salary	Responsibilities
Address		From Mo./Yr.	Start \$	
Job Title		To Mo./Yr.	End \$	
Supervisor's Name/Title		Phone ()		
Reason for Leaving				
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LATER <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Are you eligible to be called to active duty? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers 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 RMHC of Hawaii to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for RMHC's consideration of my application for employment, I hereby release RMHC and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by RMHC regarding my work history, education, character, reputation, and background.

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 RMHC, with or without cause or reason and with or without notice.

Signature	Date
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