



66-437 Kamehameha Hwy #95
 Haleiwa, HI, 96712
 Phone: (808) 518-4565
 Fax: (805) 222-3041
 www.anuenueaba.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with Ānuenuē Behavior Analysts. You must properly complete all portions of this employment application to be considered for employment. Please email the completed application to office@anuenueaba.com and **include your resume**. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex including gender identity or expression, religion, color, national origin, ancestry, marital status, disability, sexual orientation, credit history, genetic history, arrest and court record, military service, domestic or sexual violence victim status if the domestic or sexual violence victim provides notice to Ānuenuē Behavior Analysts of such status or Ānuenuē Behavior Analysts has actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This employment application is valid for three-month period after submission to Ānuenuē Behavior Analysts and only for desired position. Consideration for employment after three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check)			
PRESENT ADDRESS		CITY	STATE
			ZIP
PHONE:	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER. Check to acknowledge that you read and will be able to provide these documents.	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO	
CELL:		[NOTE: IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO SUBMIT DOCUMENTATION REQUIRED BY IRCA.]	
E-MAIL:			

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START		COMPENSATION DESIRED		DESIRED NUMBER OF HOURS PER WEEK	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							
APART FROM ABSENCES FOR RELIGIOUS OBSERVANCES, PLEASE ADD ANY ADDITIONAL RESTRICTIONS OR IMPORTANT INFORMATION REGARDING YOUR AVAILABILITY:						LANGUAGES PROFICIENT IN	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT ĀNUENUĒ BEHAVIOR ANALYSTS BEFORE?				WHERE?		WHEN?	
YES NO							
WHO REFERRED YOU TO ĀNUENUĒ BEHAVIOR ANALYSTS ?							
RELATIVE		FRIEND		EMPLOYMENT AGENCY		ONLINE ADVERTISEMENT	
STATE EMPLOYMENT OFFICE		COLLEGE PLACEMENT SERVICE		WALK IN		OTHER	

**If hired, you will be required to perform work as required by Ānuenuē Behavior Analysts.*

EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES

*List name and telephone number of three business/work reference who are **NOT related** to you and are **NOT previous supervisors**. If not applicable, list three personal references who are **NOT related** to you.*

NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORK	JOB TITLES	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
IF NO, WHY?			
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORK	JOB TITLES	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
IF NO, WHY?			
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
CITY	STATE	ZIP CODE	
STARTING DATE	DATE LAST WORK	JOB TITLES	
MAY WE CONTACT YOUR SUPERVISOR? YES NO			
IF NO, WHY?			
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER		
CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORK	JOB TITLES
MAY WE CONTACT YOUR SUPERVISOR? YES NO		
IF NO, WHY?		
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON(S) FOR LEAVING	IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness or disability.

JOB SKILLS AND QUALIFICATIONS

Summarize any special training skills, license and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. If employed by Ānuenu Behavior Analysts, I AGREE TO CONFORM TO THE COMPANY'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 COMPANY OR BY ME WITH OR WITHOUT ADVANCE NOTICE.
- C. I understand and agree that only the President of Ānuenu Behavior Analysts has any authority to enter into any agreement to employ me for any specified period time or to modify terms and conditions of employment. I agree that such an agreement must be in writing and signed by the President, and will not rely upon any other representations regardless of the source.
- D. I understand and agree that Ānuenu Behavior Analysts may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Ānuenu Behavior Analysts with any information (including fact or opinion) they may have regarding me. In consideration of Ānuenu Behavior Analysts review of this application, I release Ānuenu Behavior Analysts and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by Ānuenu Behavior Analysts. If employed by Ānuenu Behavior Analysts, I further authorize the company to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against Ānuenu Behavior Analysts for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I understand and agree that I may be required to submit to a complete medical examination during my employment with Ānuenu Behavior Analysts, provided that such examination is job-related and consistent with business necessity. 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 Ānuenu Behavior Analysts in accordance with state and/or federal laws. Ānuenu Behavior Analysts 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 Ānuenu Behavior Analysts with any additional consent(s) and/or release(s) as required by Ānuenu Behavior Analysts to investigate my employment application.
- F. I understand and agree that if offered employment by Ānuenu Behavior Analysts, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon receipt of a satisfactory criminal conviction record as determined by Ānuenu Behavior Analysts.
- G. I understand and agree that if offered employment by Ānuenu Behavior Analysts, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependent upon the receipt of a satisfactory military record as determined by Ānuenu Behavior Analysts.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Ānuenu Behavior Analysts of any agreements that would limit my ability to work for Ānuenu Behavior Analysts.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Ānuenu Behavior Analysts if I am employed the company.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____

MODEL FCRA NOTICE AND AUTHORIZATION

DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment or other employment-related purposes, Anuenue Behavior Analysts may decide to obtain a consumer report bearing on your background, credit worthiness, credit standing credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by Anuenue Behavior Analysts for employment purposes without your prior written authorization.

AUTHORIZATION

I hereby acknowledge that Anuenue Behavior Analysts has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes, I hereby authorize Anuenue Behavior Analysts and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____ Date: _____

Print Name: _____