



INTERNAL APPLICATION

Position applying for: _____

Name _____

Address: _____

Phone No: _____

Home/Business

Recruitment No.: _____

Applicant No: _____ (HR Use Only)

Phone No: _____

Cell/E-mail

Please list only the education, training, and work experience that would qualify you for this position. Applications with incomplete or misrepresentation of information may be grounds for disqualification or dismissal. Your application will be considered based on the information you provide, so please be as detailed as possible. If more space is needed, please attach a separate sheet.

TRAINING/EDUCATION:

Name/Location of highest grade (K-12th) completed _____ Grade completed: _____

<u>Dates of training</u> From To (mm/yy) - (mm/yy)	<u>Name of provider of Training/Education received</u>	<u>Name of Degree/Diploma/Certificate received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSES/CERTIFICATIONS:

Please attach any licenses, certifications, documentation, etc. that is required or your application may be rejected.

<u>License type/name</u>	<u>Number</u>	<u>Expiration Date</u>
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

For HR Use Only: EMPLOYEE #: _____

Qualified Non Qualified

Permanent Employee: Yes No

Promoted within past 12 months Yes No Note: (BU9 employees can have 2 regular promotions)

Last Performance Appraisal Satisfactory: Yes No

Completed by: _____ Letter sent: _____

Initial and Date

Initial and Date

WORK EXPERIENCE:

PRESENT POSITION	Employer		From (mm/yy):		To (mm/yy):		DO NOT WRITE IN THIS SPACE	
	Employer's Address		Phone Nbr:		Average Hrs per week:			
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:		Per:		Ending Salary:		
	Name & Title of Your Supervisor				Your Title			
	Duties & Responsibilities							
	Reasons for Leaving:				May we contact your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer		From (mm/yy):		To (mm/yy):				
Employer's Address		Phone Nbr:		Average Hrs per week:				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:		Per:		Ending Salary:		Per:	
Name & Title of Your Supervisor				Your Title				
Duties & Responsibilities								
Reasons for Leaving:								
Employer		From (mm/yy):		To (mm/yy):				
Employer's Address		Phone Nbr:		Average Hrs per week:				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Vol	Starting Salary:		Per:		Ending Salary:		Per:	
Name & Title of Your Supervisor				Your Title				
Duties & Responsibilities								
Reasons for Leaving:								

Certificate of Applicant. I hereby certify that all statements in this application are true and correct to the best of my knowledge. I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment with Hawaii Health Systems Corporation. Conditions for business purposes include, but are not limited to the following: overtime, shift work, rotating shift, work schedule, or a work schedule other than the weekdays. I understand and accept these as conditions of my employment. I also understand that applying for this position authorizes the appropriate personnel to review my official personnel file. In addition, all background checks must be current (within the past 6 months) and if not, I understand that all required checks (including Federal and State criminal checks) may be performed.

_____ Date

_____ Applicant's Signature

ACKNOWLEDGEMENT AND UNDERSTANDING

As a person providing services to or receiving clinical instruction from the Hawaii Health Systems Corporation (HHSC), I hereby authorize HHSC to conduct periodic background checks with the following agencies: Office of Inspector General (OIG), General Services Administration, State and Federal Criminal History Data Centers and any other agencies required or permitted by applicable laws and regulations to retain information concerning misconduct.

Also, I understand that during my service or clinical instruction period with HHSC, I am required to notify my facility's Human Resources Office when I am convicted of, plead guilty or no contest to or enter a deferred adjudication, or other similar arrangement or program with respect to, any crime, felony or misdemeanor. I understand further that convictions, pleas or entry into programs, other than those noted on the HHSC application or those treated as excludable by OIG or GSA, will not automatically disqualify me from providing services to or receiving clinical instruction from HHSC. A suitability review may be conducted depending on the nature of the offense(s).

Failure to notify the respective Human Resources Office regarding any of the above concerns may result in disciplinary action up to and including termination of my services or clinical instruction.

Print Name

Date

Signature