

MAUI YOUTH AND FAMILY SERVICES, INC.

P.O. BOX 790006 . PAIA, HAWAII, 96779 (808) 579-8414

EMPLOYMENT APPLICATION

The following information is requested in order to help us make the best possible placement within our agency. All portions of this application pertaining to you must be completed. Please be aware that the completion of this application in no way guarantees you a position with Maui Youth and Family Service. We are an equal opportunity employer. We do not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, arrest and court record, sexual orientation, or other grounds protected under state or federal law, except where a bona-fide occupational qualification exists. Maui Youth and Family services will not refuse to hire a more qualified applicant who is disabled and capable of performing all of the essential functions of the job with or without reasonable accommodation. Applicants requiring accommodation in the interview process should contact Human Resources. This application for employment is valid for a three-month period after submission to Maui Youth and Family Services and only for the position for which applied.

Name _____ Date _____
(PLEASE PRINT) First Name Last Name Middle Initial

Present Address _____ City: _____ Zip: _____

Phone Number _____ Alternate Number _____ Social Security # _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes / No

EMPLOYMENT DESIRED: ___part time ___full time ___temporary

Position _____ Date you can start? _____

Are you employed now? Yes / No If so, may we inquire of your present employer? Yes / No

Have you ever applied to this company before? Yes / No When?

Do you have friends or relatives working for MYFS? Yes / No

How were you referred to the company?

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	DEGREE AND DATE
High School				
College Trade, Business or Correspondence School				

Job Related Skills, Licenses, Certificates and/or other qualifications:

REFERENCES

List three (3) references' names, telephone numbers and years known (include supervisors and business associates)

	NAME	ADDRESS	YEARS KNOWN	PHONE NUMBER
1				
2				
3				

Name, address and phone number of person to be notified in case of accident or emergency.

Name	Address	Phone	Relationship
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PLEASE COMPLETE --RESUME CANNOT BE USED IN LIEU OF COMPLETING THIS SECTION.				
<i>Former Employers</i> (List below former Employers starting with the most current.)				
Date Month/Year	Name and Address of Employer	Salary	Title and Job Duties	Reason for Leaving
From	Supervisor:			
To				
From	Supervisor:			
To				
From	Supervisor:			
To				
From				
To				

- A. I hereby certify that all statements given by me on this application are true and correct without omission and that any misstatement I have made may result in dismissal.
- B. I understand and agree that only the Executive Director has authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment.
- C. I consent to and authorize MYFS to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency, or other entity to provide MYFS with any information of any sort (including fact opinion) they may have regarding me. In consideration of MYFS' review of this application, I release MYFS and all providers of any information from any liability as a result of furnishing and receiving this information.
- D. I understand and agree that I may be required to submit to a criminal background investigation and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with MYFS, provided that such examination is job related and consistent with business necessity. The cost of such examination will be paid by MYFS. I authorize the physician conducting the examination, any laboratory testing, any specimen obtained by the physician, or collecting site to disclose the results of the examination and the laboratory test to MYFS in accordance with state and federal laws. MYFS will keep such results confidential and disclose the results only to persons who need to know or where required by law.

- E. I understand and agree that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I hereby consent to and authorize that such a report be made which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.
- F. Although MYFS makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, transfer, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my employment.
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with MYFS if I am employed by MYFS.
- H. If employed, I agree to conform to the guidelines and policies of MYFS. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.

Authorization/Signature of Applicant: _____ Date: _____

MAUI YOUTH AND FAMILY SERVICES

CONSENT TO TEST FOR ALCOHOL AND DRUGS

Employee and/or Job Applicant: **Please read this document carefully.** This is an authorization by you to submit to alcohol and/or drug testing.

I acknowledge, and where applicable, consent to the following:

1. I voluntarily consent to be tested for evidence of the presence of alcohol or drugs in my body through the analysis of my urine in the manner specified in the Drug-Free Workplace Policy.
2. I consent to the release by Clinical Laboratories of Hawaii, LLP of the results of this test for alcohol and drugs to the Chief Executive Officer or Director of Human Services.
3. I understand that this information will not be released to anyone outside of Maui Youth and Family Services and only those with a specific need to know will be provided this information.
4. I understand that only those job applicants who have been selected to fill job openings will be subject to drug testing.
5. I understand that employment is conditioned upon a negative drug test result.
6. I understand that upon employment, if I am taking medicine that could affect my ability to perform my job (i.e. there are warning labels on the container), I must inform my manager immediately.
7. I understand that upon employment, if I refuse a reasonable suspicion, post injury, post accident or post treatment drug or alcohol test, I will be terminated and my unemployment benefits, workers' compensation, and Temporary Disability Insurance (TDI) may be denied.
8. I understand that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result. An employee will not be allowed to submit another specimen for testing.

DATED: _____

Applicant/Employee' Signature

Witness' Signature

Applicant/Employee (PRINT NAME)

Witness (PRINT NAME)