



1099 Waianuenue Avenue  
 Hilo, Hawaii 96720  
 Phone: (808) 935-8534 Fax: (808)934-7714  
 Arcofhilo.org

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Thank you for your interest in employment with The Arc of Hilo. You must properly complete all portions of this employment application to be considered for employment. 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 The Arc of Hilo of such status or The Arc of Hilo has actual knowledge of such status, or any other protected category recognized by Hawaii and federal laws. This employment application is valid for a three-month period after submission to The Arc of Hilo and only for the desired position. Consideration for employment after the 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		APT. NO.	CITY
		STATE	ZIP
PHONE	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	
CELL:		<input type="checkbox"/> YES [ NOTE: If offered employment you will be required to submit documentation required by IRCA.]	
E-MAIL:		<input type="checkbox"/> NO	

### DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
WHO REFERRED YOU TO COMPANY? <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\* If hired, you will be required to perform work as required by The Arc of Hilo.

### EDUCATION

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

## FORMER EMPLOYERS

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

<b>NAME OF PRESENT OR LAST EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>		<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>
<b>STARTING SALARY/HOURLY RATE</b>		<b>FINAL SALARY/HOURLY RATE</b>		<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>IF NO, WHY?</b>
<b>STARTING COMMISSION/BONUS</b>		<b>FINAL COMMISSION/BONUS</b>		
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

<b>NAME OF NEXT PREVIOUS EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>		<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>
<b>STARTING SALARY/HOURLY RATE</b>		<b>FINAL SALARY/HOURLY RATE</b>		<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>IF NO, WHY?</b>
<b>STARTING COMMISSION/BONUS</b>		<b>FINAL COMMISSION/BONUS</b>		
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

<b>NAME OF NEXT PREVIOUS EMPLOYER</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STARTING DATE</b>		<b>DATE LAST WORKED</b>		<b>JOB TITLES</b>
<b>STARTING SALARY/HOURLY RATE</b>		<b>FINAL SALARY/HOURLY RATE</b>		<b>MAY WE CONTACT YOUR SUPERVISOR?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>IF NO, WHY?</b>
<b>STARTING COMMISSION/BONUS</b>		<b>FINAL COMMISSION/BONUS</b>		
<b>NAME OF SUPERVISOR</b>		<b>TITLE</b>		<b>EMPLOYER'S PHONE NUMBER</b>
<b>SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>				
<b>REASON(S) FOR LEAVING</b>			<b>IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:</b>	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLE	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	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, injury or disability.*

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### REFERENCES

*List name and telephone number of three business/work references 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
1					
2					
3					

### JOB SKILLS AND QUALIFICATIONS

*Summarize any special training, skills, licenses 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.*

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### 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.*

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# 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 The Arc of Hilo, **I AGREE TO CONFORM TO THE ARC OF HILO'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 ARC OF HILO OR BY ME WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the President and CEO of The Arc of Hilo has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President and CEO, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that The Arc of Hilo 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 The Arc of Hilo with any information (including fact or opinion) they may have regarding me. In consideration of The Arc of Hilo's review of this application, I release The Arc of Hilo 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 The Arc of Hilo. If employed by The Arc of Hilo, I further authorize The Arc of Hilo to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against The Arc of Hilo 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 also understand and agree that I may be required to submit to a complete medical examination during my employment with The Arc of Hilo, 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 The Arc of Hilo in accordance with state and/or federal laws. The Arc of Hilo 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 The Arc of Hilo with any additional consent(s) and/or release(s) as required by The Arc of Hilo to investigate my employment application.
- F. I understand and agree that if offered employment by The Arc of Hilo, I may be required to disclose criminal conviction information in accordance with the law, and that any such employment offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by The Arc of Hilo.
- G. I understand and agree that if offered employment by The Arc of Hilo, 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 The Arc of Hilo.
- H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform The Arc of Hilo of any agreements that would limit my ability to work for The Arc of Hilo.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with The Arc of Hilo if I am employed by the Arc of Hilo.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **CONFIDENTIAL AND VOLUNTARY SELF IDENTIFICATION**

*This Company is a federal contractor and has adopted an affirmative action plan. It annually analyzes its workforce to ensure non-discrimination and equal employment opportunity for all employees. To assist us in that effort, we are asking all employees to voluntarily identify their race and sex. While you may consider some of this obvious, your cooperation will ensure accuracy. This information is completely voluntary and will be kept confidential in accordance with state and federal laws. Whether or not you choose to respond, no adverse action will be taken with regard to your employment. Thank you for your time. Return the completed form to \_\_\_\_\_.*

1. Sex classification: Male \_\_\_\_\_ Female \_\_\_\_\_

2. EEO Classification:

*(Please mark only one)*

\_\_\_\_\_ **White (Not Hispanic or Latino):** all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa

\_\_\_\_\_ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Pre-Offer Voluntary Self Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, other protected veterans, and Armed Forces service medal veterans.

If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program.

The term “recently separated veteran” refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

The term “other protected veteran” refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

The term “Armed Forces service medal veteran” refers to a person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

If you are a disabled veteran, we would like to include you in our affirmative action program.

This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

The term “disabled veteran” refers to a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.



Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY