

# KAHU MALAMA NURSES

## Employment Application



Position Desired: RN \_\_\_\_\_ LPN \_\_\_\_\_ NA \_\_\_\_\_ MA \_\_\_\_\_ Other \_\_\_\_\_

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit #	
City	State	Zip	
Date of Birth	SSN	Phone	Cell
Email			
Emergency Contact		Relationship	Phone #
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for KMN? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain.	
How did you hear about Kahu Malama Nurses? <b>(Please be specific)</b>			

EDUCATION		
High School		Address (City & State)
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address (City & State)
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address (City & State)
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

PREVIOUS EMPLOYMENT		
Company		Address (City & State)
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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Company		Address (City & State)	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Address (City & State)	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES			
NAME	ADDRESS	TELEPHONE	PROFESSIONAL RELATIONSHIP

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date