

**Learning Disabilities Association of Hawaii (LDAH)  
245 N. Kukui St., Ste. 205  
Honolulu, Hawaii 96817**

**Application for Employment**

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**I. PERSONAL INFORMATION**

**The following information is requested in order to help us select the most qualified applicant for open positions within LDAH. We appreciate the time you spend completing this application. However, please be aware that the completion of this application in no way guarantees you a position with LDAH.**

Please print. All Applicants must complete all sections of this application.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone(s)		Email Address (optional)	
Social Security Number			

1. Are you a U.S. citizen or are you legally authorized to work in the U.S.?  
 Yes  No

(Note: If offered employment, you will be required to submit documentation as required by the 1986 Immigration Reform and Control Act).

2. Have you been convicted of a felony within the last seven (7) years?  
 Yes  No

(Note: Conviction will not necessarily disqualify an applicant from employment).

3. You have read the job description. Are you able to perform the essential functions of this job with or without reasonable accommodation?  
 Yes  No

4. Apart from absences for religious observations, will you be available to work as necessary, beyond regular business hours?  
 Yes  No

**II. WORK HISTORY**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer			
<hr/>			
Street Address	City	State	Zip
<hr/>			
Supervisor			
<hr/>			
Job Title Dates Employed			
<hr/>			
Work Performed			
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<hr/>			
Reason for Leaving			
<hr/>			
<hr/>			

Employer			
<hr/>			
Street Address	City	State	Zip
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Supervisor			
<hr/>			
Job Title Dates Employed			
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Work Performed			
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<hr/>			
Reason for Leaving			
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**Work History Continued**

Employer			
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Street Address	City	State	Zip
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Supervisor			
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Job Title Dates Employed			
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Work Performed			
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<hr/>			
Reason for Leaving			
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Employer			
<hr/>			
Street Address	City	State	Zip
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Supervisor			
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Job Title Dates Employed			
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Work Performed			
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Reason for Leaving			
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### III. EDUCATION AND QUALIFICATIONS

	Name/Location of School	Years Completed	Diploma/Degree	Course of Study
High School				
Under Graduate				
Graduate				
Other				

Describe any specialized training, skills, activities, honors, awards, etc., which may be helpful to us in considering your application.

**IV. REFERENCES**

Please provide three references who are not related to you and who are not former employers.

Name	Address
Relationship	Telephone

Name	Address
Relationship	Telephone

Name	Address
Relationship	Telephone

I authorize LDAH to contact the above-listed references to discuss my qualifications to fill the following position: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**V. APPLICANT CERTIFICATION**

1. I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that any false or misleading statements or material omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment.
2. If employed by LDAH, I agree to conform to the policies, procedures and practices of the agency, and I understand that my employment can be terminated at any time, with or without cause.
3. I understand that only the Executive Director of LDAH has any authority to enter into any agreement to employ me for a specified period of time or to modify terms and conditions of my employment.
4. I authorize LDAH to verify all references and information provided by me in this application and release LDAH from any claim or liability regarding information or opinion supplied. I understand that any offer of employment is subject to satisfactory references.
5. I understand and agree that all foregoing terms and conditions will become part of my employment agreement with LDAH if I am employed by the agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EQUAL EMPLOYMENT OPPORTUNITY**

LDAH recruits, hires, trains, and promotes individuals in all job titles without regard to race, color, religion, national origin, sex, sexual orientation, age, marital status, veteran status, disability, or arrest or court records, except where sex, age or physical or mental condition is a bona fide occupational qualification, or where the arrest or court record has a substantial relationship to the function of the job.

Employment and promotion decisions will be made in accordance with the principles of equal employment opportunity. All personnel actions will be administered in an equitable manner and nondiscriminatory manner. Affirmative action will be taken to employ and advance in employment qualified women, minorities, Vietnam Era veterans and persons with disabilities, including special disabled veterans.

The Executive Director has overall responsibility for the agency's Equal Employment Opportunity program. Supervisors are accountable to carry out the Equal Employment Opportunity Policy and Affirmative Action Procedures in relation to recruitment, hiring, training, assignments, transfers, promotions and other conditions of employment as they apply to employees under their supervision.