

# Lāna'i Community Health Center

333 Sixth Street Phone: 808-565-6919  
 Lāna'i City, HI 96763 Fax: 808-565-9111  
 email: cfiguerres@lanaiocommunityhealthcenter.org

# Job Application

## Personal Information

Last	First	MI	SSN#	Email
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Street Address	City	ST	Zip	Home Phone	Mobile Phone
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Are you entitled to work in the United States?	Are you 18 or older?	If yes, Date of Birth
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Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?	If yes, please explain:
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Military Service?	Branch	Are you a veteran?	War
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What position are you applying for?	How did you hear about this position?
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Expected Hourly Rate	Expected Weekly Earnings	Date Available
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## Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/ Job Title						
Pay						
Reason for Leaving						
May We Contact						

## Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				

List any applicable special skills, training or proficiencies.

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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