



# APPLICATION FOR EMPLOYMENT



**Maui Economic Opportunity, Inc.**  
 P.O. Box 2122  
 Kahului, HI 96733

## GENERAL INFORMATION

Date:	
Renewed:	
Job/Position you are applying for: (Do not leave blank)	
Note: If hired, you will be required to perform work as required by the agency.	

Name:			
Address:			Telephone:
City:	State:	Zip:	E-Mail:

Thank you for your interest in Maui Economic Opportunity, Inc. You must properly complete ALL portions of this employment application to be considered for employment at our agency. If you require accommodation during the employment application process, including assistance in the completion of this application, please let us know. MEO is an equal opportunity employer, we do not discriminate on the basis of age, sex, race, religion, color, national origin, ancestry, marital status, disability, arrest and court record, sexual orientation, military service or other protected categories in accordance with state and federal laws. This employment application is valid for a one-month period after submission to the agency and only for the position applied.

**PREVIOUS EMPLOYMENT** (Starting with most recent, list all employers for the last ten years and account for any periods you were NOT working. Attach additional sheets if necessary. Please note name worked under if different from current name.

Name & Address of Former Employer	Dates Employed	Position and Duties	Reason for leaving
Company Name & Phone #	From (Mo/Yr)		
Mailing Address	To (Mo/Yr)		
City, State and Zip Code			
Company Name & Phone #	From (Mo/Yr)		
Mailing Address	To (Mo/Yr)		
City, State and Zip Code			
Company Name & Phone #	From (Mo/Yr)		
Mailing Address	To (Mo/Yr)		
City, State and Zip Code			
Company Name & Phone #	From (Mo/Yr)		
Mailing Address	To (Mo/Yr)		
City, State and Zip Code			

**REFERENCES: (Not Relatives)**

Name	Association	Occupation	
Address	City	Zip	Phone
Name	Association	Occupation	
Address	City	Zip	Phone

**EDUCATION:**

Name of School	Address	# of Years	Degrees
High School			
College			
Other:			

**OTHER:**

Do you know anyone working for our agency?	If so, who?	Relationship
Have you previously worked for our agency?	If so, when?	Reason for leaving

It is our policy to hire only U.S. Citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Services' Form I-9.)

**PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING**

- A. I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or omission whenever discovered, regarding this application is a reason for disqualification from further consideration or for termination of employment. I authorize any investigation of the above information for purposes of verification. Initial \_\_\_\_\_
- B. If employed by MEO, I agree to conform to the guidelines and policies of the agency, and understand that **MY EMPLOYMENT IS COMPLETELY VOLUNTARY (AT WILL) AND CAN BE TERMINATED AT ANY TIME FOR ANY REASON BY THE COMPANY OR MYSELF WITH OR WITHOUT CAUSE OR REASON AND WITH OR WITHOUT NOTICE.** I further agree that I have not been promised continuing employment and that no representations have been made that I will be retained for any term of employment. Initial \_\_\_\_\_
- C. I consent to and authorize MEO to 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 agency with any information of any sort (including fact or opinion) they may have in regard to me. In consideration of the agency's review of this application, I release MEO and all providers of any liability as a result of furnishing and receiving this information. I understand and agree that if offered employment by MEO, any such employment offer will be dependent upon receipt of satisfactory references as determined by the agency. If employed by MEO, I further authorize the agency to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the agency for truthfully communicating any such information to a potential or future employer. Initial \_\_\_\_\_
- D. I understand and agree that if offered employment by MEO, I may be subject to a post-employment offer criminal background check in accordance with state and federal laws. Initial \_\_\_\_\_
- 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 agency, provided that such examination is job related and consistent with business necessity. The cost of such examination will be paid by the agency. 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 agency in accordance with state and federal laws. Also, I agree to fully cooperate and provide MEO with any additional consent(s) and/or release(s) as required by the agency to investigate my employment application background. Initial \_\_\_\_\_
- F. I understand and agree that if offered employment by the agency, 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 agency. Initial \_\_\_\_\_
- G. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with MEO if I am employed by the agency.

\_\_\_\_\_  
 Authorization / Signature of Applicant

\_\_\_\_\_  
 Date



Maui Economic Opportunity, Inc.  
 P.O. Box 2122  
 Kahului, HI 96733



## Voluntary Self-Identification of Veterans

### Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service 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 of Veterans Affairs;
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

### Self-Identification

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am NOT a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN      Military Discharge Date (MM/DD/YYYY): \_\_\_\_\_

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

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

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



**Maui Economic Opportunity, Inc.**  
P.O. Box 2122  
Kahului, HI 96733



## **Voluntary Self-Identification of Veterans**

### **Reasonable Accommodation Notice**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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 the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.



99 Mahanui Street  
Wailuku, Hawai'i 96783  
808-249-2990  
Fax: 808-249-2991



## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

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

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

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

Required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

**Please check one of the boxes below:**

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

