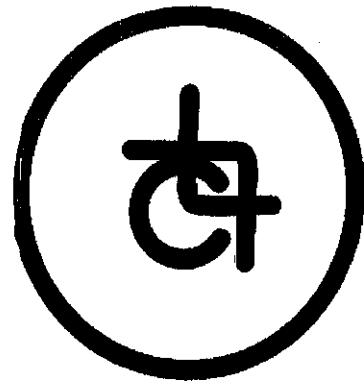
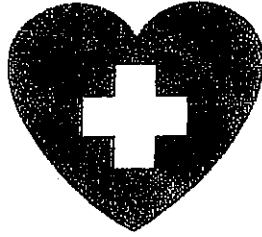


Nuuanu Hale



Liliha Healthcare Center

***JOIN OUR FAMILY HEALTH CARE TEAM
BECOME OUR PARTNER IN CARING
FOR OUR COMMUNITY***

IMMEDIATE OPENINGS FOR CNAS

**Nuuanu Hale - 40 years
as a skilled/intermediate nursing care facility**

**Liliha Healthcare Center - 25 years
as a skilled/intermediate nursing care facility**

PRIDE...COMMITMENT...COMPASSION

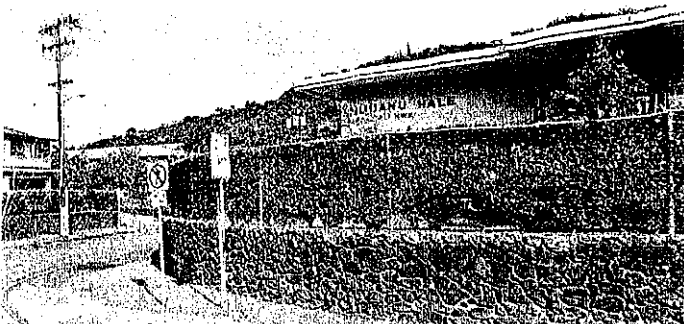
For questions or tour, contact Gayle Lau, Marketing 284-5944 cell

**Nuuanu Hale
2900 Pali Highway
Honolulu, HI 96817
Telephone (808) 595-6311**

**Liliha Healthcare Center
1814 Liliha Street
Honolulu, HI 96817
Telephone (808) 537-9557**

(minutes away from the Philippine Consulate)

(minutes away from Kuakini Med.Ctr.)



Application for Employment

Liliha Healthcare Center Nuuanu Hale

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you is _____ : _____
AM PM

Home Cellular/Other

May we contact you at work? Yes No

If **yes**, work number and best time to call:

() : _____
AM PM

If you are under 18 and it is required,
can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If **yes**, give dates From ____/____/____ To ____/____/____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? Yes No

Date available for work..... ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it?..... Yes No If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- Yes
- No
- Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If **yes**, please explain _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
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		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

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:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration from employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



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CERTIFIED NURSE AIDE SUPPLEMENTAL QUESTIONNAIRE

Do you have experience in the following resident care techniques?

DEPARTMENT	TECHNIQUE	YES	NO	DEPARTMENT	TECHNIQUE	YES	NO	
RESIDENT'S UNIT	Answering Telephones			ORTHOPEDIC CARE	Brace/Splint Application			
	Bed and Unit Cleaning				Care of Casts			
	Discharge Unit Cleaning				Handrolls			
	Bed Making - Occupied				Other (Trapeze, Prosthesis)			
	Bed Making - Unoccupied				Positioning During Meals			
RESIDENT CARE	Bed Bath/Showers			MEALS	Serving Trays			
	Shaving				Feeding with Spoon			
	Skin Care/Decubitus Prevention				Feeding with Syringe			
	Turning			PROCEDURES	Temperature - Oral			
	Lubrication				Temperature - Rectal			
	Fleets Enema				Temperature - Axillary			
	Suppository Insertion				Thermometer Care			
	Oral Hygiene (Comatose Resident)				Pulse			
	Care of Dentures			Respirations				
	Oral Hygiene (Routine)			Blood Pressure				
	Care of Glasses			Weighing Resident on Bed Scale				
	Back Rubs			Weighing Resident on Upright Scale				
	Bed Pans and Urinals			Foley Catheter and Bag				
	TRANSFERS	Transfer Bed/Toilet to Chair			SAFETY RESTRAINTS	Application of Vest/Waist Restraint		
		Transfer Chair to Bed/Toilet				Application of Lap Cover with Ties		
Use of Hoyer Lift				Application of Pelvic Restraint				
RESTORATIVE CARE	Assisted Ambulation			OTHER	Postmortem Care			
	Use of Ambulation Devices				Charting			
	Range of Motion Exercises				Recording			
					Observing and Reporting Changes			

I verify that the following information which I have provided is true. I have answered all of the questions to the best of my ability.

Signature _____ Date _____