

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with Kaua'i Island Utility Cooperative ("KIUC"). Please complete all portions of this employment application to be considered for employment at KIUC. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws. This employment application is valid after submission to KIUC and only for the desired position. Consideration for other desired position(s) requires completion and submission of a new application. Use additional paper if necessary to fully answer any question. You may submit a resume however, **please do not make reference to a resume. Attaching a resume does not satisfy this requirement to complete all portions of this employment application.**

PERSONAL INFORMATION

FULL NAME:			
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT.			
<input type="checkbox"/> NO <input type="checkbox"/> YES			
MAILING ADDRESS	CITY	STATE	ZIP
PHONE:	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
CELL:	<input type="checkbox"/> NO <input type="checkbox"/> YES		
E-MAIL:	Note: UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.		

DESIRED EMPLOYMENT

DESIRED POSITION*	DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?
HAVE YOU EVER WORKED FOR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?
WHO REFERRED YOU TO COMPANY?		
<input type="checkbox"/> COLLEGE PLACEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> RELATIVE _____ <input type="checkbox"/> STATE EMPLOYMENT <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____ <input type="checkbox"/> OTHER _____		
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

* If hired, you will be required to perform work as required by Kaua'i Island Utility Cooperative.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHY? _____			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHY? _____			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHY? _____			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHY? _____			
NAME OF SUPERVISOR	TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING	IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:		

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three personal references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB 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. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT WITH KAUAI ISLAND UTILITY COOPERATIVE IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the President and CEO of Kaua'i Island Utility Cooperative has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President and CEO, and I will not rely upon any other representations regardless of the source.
- D. 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 Company, provided that such examination is job-related and consistent with business necessity. 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 Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- E. I agree that Kaua'i Island Utility Cooperative may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities for of the position which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- F. I understand and agree that if offered employment by Kaua'i Island Utility Cooperative, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Company.
- G. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform Kaua'i Island Utility Cooperative of any agreements that would limit my ability to work for the Company.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Kaua'i Island Utility Cooperative if I am employed by the Company.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____



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VOLUNTARY INFORMATION

Kaua'i Island Utility Cooperative (KIUC) is an equal employment opportunity Cooperative. In order to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE CHECK ONE:

GENDER

- Male Female Choose not to self-identify

ETHNICITY/RACE

- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- Choose not to self-identify**

VETERAN STATUS

Kaua`i Island Utility Cooperative is 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 veterans in the following classifications:

Protected Veteran

- 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; or
- a person who was discharged or released from active duty because of a service-connected disability.
- 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.
- 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](#).

I am not a veteran

Choose not to self-identify

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box or boxes. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment 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**.

DISABILITY

Because we do business with the government, we must reach out to provide equal opportunity to qualified people with disabilities.* To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out.

Your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major Depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple Sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Epilepsy
- Muscular dystrophy
- Intellectual disability (previously called mental retardation)
- Missing limbs or partially missing limbs

Please check one of the boxes below:

- Yes, I am an individual with a disability.
- No, I am an individual without a disability.
- I decline to provide this information at this time.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

If you have any questions or concerns regarding this invitation to self-identify veteran status or if you require accommodation for a disability, please contact Human Resources at x8263 or x8294.