

#### **APPLICATION FOR FACULTY OR EXECUTIVE POSITIONS**

The University of Hawai'i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, disability, marital status, arrest/court record (except as permitted by State law), sexual orientation, status as a covered veteran or other grounds protected under applicable state and federal laws, regulations, and/or executive orders. It is the policy of the University of Hawaii to provide equal opportunity in higher education, both in the educational mission and as an employer. All qualified persons, especially women, members of minority groups, persons with disabilities and Vietnam Era veterans, are encouraged to apply.

(This application form must be submitted <u>directly</u> to the college to which you are applying. If applying to more than one college, submit separate applications to each.)

#### **ISLAND OF OAHU:**

HONOLULU COMMUNITY COLLEGE 874 Dillingham Boulevard Honolulu, HI 96817

KAPI'OLANI COMMUNITY COLLEGE 4303 Diamond Head Road Honolulu, HI 96816 WINDWARD COMMUNITY COLLEGE 45-720 Kea'alaha Road Kāne'ohe, HI 96744

LEEWARD COMMUNITY COLLEGE 96-045 Ala 'Ike Pearl City, HI 96782

#### **NEIGHBOR ISLANDS:**

HAWAI'I COMMUNITY COLLEGE 200 West Kawili St. Hilo, HI 96720-4091

KAUA'I COMMUNITY COLLEGE 3-1901 Kaumuali'i Highway Līhu'e, HI 96766

UNIVERSITY OF HAWAI'I MAUI COLLEGE 310 Ka'ahumanu Avenue Kahului, HI 96732



### **APPLICATION FOR FACULTY OR EXECUTIVE POSITIONS**

C	ollege:	
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First	M.I.	
City	State	Zip Code
	Business ()_	
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	Official:	
	Recommended 2 3	:
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	First  City  Cellular I	City State Business () Cellular Phone No. ()  PFFICE USE ONLY Interviewed: Official:

## I. EDUCATION AND TRAINING

A. **Academic:** Beginning with your present or most recent educational experience, list all schools you attended beyond Grade 12:

School Name and Address	Major Field of Study/Minor	Type of Degree Received	Date Received (month/year)

B. **Training:** Beginning with your most recent training experience, list all military (if appropriate), trade, technical, apprenticeship, or special training you have received.

School Name and Address	Occupational Area	Completed Program? Yes/No	Date

### II. OCCUPATIONAL EXPERIENCE HISTORY

## A. <u>Teaching Experience</u>

Beginning with your present or most recent teaching experience, list your teaching experience. If additional space is required, continue on a separate sheet and attach.

School Name and Address	Position Title	FT/PT %	Date (Mo/Yr to Mo/Yr)	Number of Credits Taught (semester/quarter)

List Post-Secondary Courses Taught (attach additional pages)

Post-Secondary Courses Taught	Date (Mo/Yr to Mo/Yr)	Number of Credits Taught

## B. Other Professional Experience

Beginning with your present or most recent job, experience, other than teaching, provide the information below. If additional space is required, continue on a separate sheet and attach.

Employer	Address
Supervisor's Name/Title	Your Title
Full-Time From to Hrs/Week	Part-Time From to Hrs/Week (Mo/Yr)
Beginning Salary: \$	Ending Salary: \$
Reason(s) for Leaving:	
Description of Duties and Responsibilities:	
Employer	Address
Supervisor's Name/Title	Your Title
Full-Time From to Hrs/Week	Part-Time From to Hrs/Week (Mo/Yr)
Beginning Salary: \$	Ending Salary: \$
Reason(s) for Leaving:	
Description of Duties and Responsibilities:	

Employer	Address
Supervisor's Name/Title	Your Title
Full-Time From to Hrs/Week Mo/Yr)	Part-Time From to Hrs/Week
Beginning Salary: \$	Ending Salary: \$
Reason(s) for Leaving:	
Description of Duties and Responsibilities:	
Employer	Address
Supervisor's Name/Title	Your Title
Full-Time From to Hrs/Week Mo/Yr)	Part-Time From to Hrs/Week
Beginning Salary: \$	Ending Salary: \$
Reason(s) for Leaving:	
Description of Duties and Responsibilities:	

## III. PUBLICATIONS, RESEARCH AND OTHER CREATIVE ACTIVITIES

Title	Co-Authors	Title of Journals of Other Publications and Date	Publisher and Date (Books Only)
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## IV. PERTINENT SPECIAL QUALIFICATIONS

List, as appropriate, membership in professional or scientific societies, community service, activities, honors, awards, fellowships, etc. Also include Technical/Vocational certification/license and expiration date:

#### V. <u>CURRENT REFERENCES</u>

List below the names and addresses of those who will send letter of reference and/or who may be contacted regarding your application:

Name in Full	Position	Email or Mailing Address	Telephone Number

APPLICANTS MAY SUBMIT OTHER MATERIALS (papers, writings, statements, etc.) WHICH MAY BE OF ASSISTANCE IN EVALUATING THEIR QUALIFICATIONS.

ALL REQUESTED DOCUMENTS AND INFORMATION BECOME THE PROPERTY OF THE RESPECTIVE COLLEGE. FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS SHALL DEEM AN APPLICATION INCOMPLETE AND WILL NOT BE CONSIDERED.

#### VI. CLERY ACT

In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, annual campus crime statistics for the University of Hawai'i may be viewed at: <a href="http://ope.ed.gov/security/">http://ope.ed.gov/security/</a> or a paper copy may be obtained upon request from the respective UH Campus Security or Administrative Services Office.

# VII. CERTIFICATION OF APPLICANT AND RELEASE OF EMPLOYMENT INFORMATION Please Read Carefully Before Signing

- A. I hereby certify that the information contained in this application is true, correct, and complete. I agree and understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered. Additionally, information that cannot be officially verified may be a basis for not hiring me for employment with the University of Hawaii.
- B. I understand that failure to provide requested application information on a timely basis may deem my application to be incomplete.
- C. I understand that, if selected, I must present documentary evidence to verify my employment eligibility, pursuant to the Immigration Reform and Control Act of 1986.
- D. I understand and agree that the University of Hawai'i may make a full and complete investigation of my personal or employment history, and authorize any current or former employer, person, firm, corporation, school, government agency, or other entity to provide the University of Hawai'i with any information (including fact or opinion) they may have regarding me. In consideration of the University of Hawaii's review of this application, I release the University of Hawai'i and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree that any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the University of Hawai'i. If employed by the University of Hawai'i, I further authorize the University of Hawai'i to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer.
- E. I agree that the University of Hawai'i as permitted by state law, may inquire into and consider any criminal conviction record that I may have. This includes, but is not limited to, the University of Hawai'i considering any criminal conviction record that I may have after it makes a conditional offer of employment. The University may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for 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, except as permitted by law.
- F. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform the University of Hawai'i of any agreements that would limit my ability to work for the University of Hawai'i.

Photocopies of this authorization for the release of information shall have the same power and effect as an original.

AUTHORIZATION SIGNATURE OF APPLICANT:_	
Date:	

An Equal Opportunity/Affirmative Action Institution

CC Personnel Form 27A (Revised 01/2012)