

UNIVERSITY OF HAWAI'I
COMMUNITY COLLEGES

APPLICATION FOR CASUAL HIRE

Title of Position *HireNet Job Order No.*

Name: _____

Last Name *First Name* *M.I.*

Home Address: _____

Street *City* *State* *Zip*

Mailing Address: _____

Street *City* *State* *Zip*

Telephone: () _____ () _____

Home *Other*

Email Address: _____

Non-Discrimination and Affirmative Action Information: 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, age, religion, color, national origin, ancestry, disability, marital status, sexual orientation, gender identity and expression, victims of domestic or sexual violence, genetic information, status as a protected veteran, National Guard participation, breastfeeding, and arrest/court record (except as permissible under State law).

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: <http://ope.ed.gov/security/>, or a paper copy may be obtained upon request from the respective UH Campus Security or Administrative Services Office.

I. EDUCATION AND TRAINING

List in reverse chronological order all schools you attended beyond Grade 12:

School Name/Address	Major Field of Study	Degree	Date Degree Obtained

List in reverse chronological order all relevant military (if appropriate), trade, technical, apprenticeship, or special training you have received: *(Please include dates of all training)*

Licenses/Certifications/Specific Skills: *(Please indicate type, registration number and the state or other licensing authority.)*

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II. TEACHING EXPERIENCE *(Begin with your present or most recent teaching experience)*

School Name/Address	Position Title	Date(s)

Course(s) Taught:

III. WORK EXPERIENCE *(Starting with the present or most recent employer. Add pages, if necessary)*

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

Employer:	Description of Duties:
Position Title:	
Dates: FT/PT (%):	

IV. CURRENT REFERENCES *(List names of those who may be contacted regarding your application.)*

Name	Mailing Address	Telephone Number	Email Address

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I further agree and understand that information contained in this application may be verified and that any misstatements of material facts herein may cause forfeiture of all rights to any employment with the University of Hawai'i Community Colleges. I also understand that, if selected, I must present documentary evidence to verify my employment eligibility, pursuant to the Immigration Reform and Control Act of 1986.

Date: _____ Original Signature of Applicant: _____