



**PARTNERS IN DEVELOPMENT**  
FOUNDATION

# TEACHER APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION:

Position Desired: \_\_\_\_\_  
(Required information)

Full Time                       Part time  
 Temporary                       On-call

Program: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Date Available for Work \_\_\_\_\_

\_\_\_\_\_  
Name                      Last                      First                      Middle

\_\_\_\_\_  
Address                      City/State                      Zip code

\_\_\_\_\_  
Social Security Number                      Telephone Number                      Email

Have you ever changed your name or been known by another name during the course of your education or previous employers?                       Yes                       No

If the answer is yes, please specify: \_\_\_\_\_

## EMPLOYMENT HISTORY:

Begin with present or most recent employer first. Please fill out completely, listing all previous employers even if you provided a resume. Include self employment, military service, summer, and part-time jobs. Please circle the name of any employer or supervisor who you **do not** want contacted at this time. If necessary, attach additional sheets following the same format.

**Employer** \_\_\_\_\_

\_\_\_\_\_  
Address                      City/State                      Zip code

\_\_\_\_\_  
Area Code/Phone                      Position

\_\_\_\_\_  
Supervisor's name and title                      Part or Full time

\_\_\_\_\_  
Date of employment                      From: Month/Year                      To: Month/Year

\_\_\_\_\_  
Starting salary                      Final salary

\_\_\_\_\_  
Specific job duties

\_\_\_\_\_  
Reason for leaving

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Area Code/Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Part or Full time \_\_\_\_\_

Date of employment \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_

Specific job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Area Code/Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Part or Full time \_\_\_\_\_

Date of employment \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_

Specific job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Additional employment history attached:  Yes  No

**EDUCATION:**

<b>Name of school</b>	<b>City/State</b>	<b># of years completed</b>	<b>Did you graduate?</b>	<b>Major/subject or degree</b>
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High School

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Technical school, college or university

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Graduate Work

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Additional training, special achievement, certificates or license, or honors relevant to position applying for.

Were you ever suspended, dismissed, or asked to resign from any teaching position?  Yes  No  
If so, please explain.

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Education applicant: Have you ever had a teaching certificate suspended or revoked by any state?  Yes  No

**REFERENCES (Not relatives):**

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

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**MEDICAL INFORMATION:**

After a conditional offer of employment is made, but before employment begins, applicants may be required to undergo a physical examination and drug test at PIDF's expense with the offer of employment contingent upon the results of such examination and test.

I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to PIDF.

I am able to perform the essential functions of this job as stated on the job description **with or without (CIRCLE)** reasonable accommodation.

Yes  No

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Applicant's initials

**NOTE:**

- It is the policy of PIDF to hire only U.S. citizens and aliens who are authorized to work in the U.S. (As a condition of employment, you will be required to produce a list of acceptable documents establishing your identity and authorization to work in the U.S according to the U.S. Immigration and Naturalization Service’s Form I-9.)
- It is standard policy of PIDF to conduct a certified Criminal Abstract and, if applicable, Traffic Abstract, if you are a designated driver for PIDF. The findings of these certified legal records must be satisfactory within PIDF employment hiring standards.

**OTHER:**

Do you know anyone presently working for our company? \_\_\_\_\_ If so, who? \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address/Zip code Phone number

If you wish, list community and professional organizations to which you belong (exclude religious and racial groups). Also, include hobbies or recreational activities you enjoy:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF APPLICANT:**

I certify that all statements made on this application are true and complete to the best of my knowledge and ability. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, credentials, or reputation information for purposes of consideration towards my application for employment.

This application is not a contract and cannot be used to create a contract. I understand that if I am employed, my employment is “at will” and can be terminated at any time, either by myself or PIDF, with or without cause or reason and with or without notice.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Application Date

**Because Partners in Development Foundation would like to know as much as possible about each applicant for a teaching position and thereby give full consideration to the applicant's qualifications, we seek information in addition to the basic application form. Your response to the eight questions below will help us know you better as a teacher.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Directions: Please answer each of the questions given below as best as you can. The space provided should be adequate, but if more space is needed please attach additional pages.

1. What do you want to accomplish as a teacher?

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2. How do you go about deciding what it is that should be taught to the children in your care?

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3. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?

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4. What do you think will provide you the greatest pleasure in teaching?

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5. Have you had any experience working with Native Hawaiian families? Please explain.

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6. When you have some free time, what do you enjoy doing most?

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7. Have you had any experience working with parents and/or caregivers of young children?

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8. This job requires lifting over 40 pounds on a regular basis. Are you able to meet this essential function of this job with or without reasonable accommodation?

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# EMPLOYMENT APPLICATION DISCLOSURES

Please read each statement closely and initial each acknowledging your understanding of each disclosure

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## **Confidentiality and Privacy Disclosure**

It is in the best interest of PIDF to protect the privacy of proprietary information of all applicants, employees, volunteers, interns, trainees, and independent contractors.

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## **Equal Employment Opportunity Disclosure**

PIDF is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State, and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. PIDF desires to maintain a work environment that is free from sexual harassment and discrimination due to race, religion, color, national origin, sexual orientation, physical or mental disability, marital status, age or other status protected by Federal, State or local laws. PIDF will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for PIDF.

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## **Discrimination and Sexual Harassment Policy Disclosure**

PIDF will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

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## **Disclosure to Applicants Concerning Drug & Alcohol Free Workplace Program and Physical Examination**

If you are offered a position with PIDF, you will be given a pre-employment drug test as condition of employment. Your refusal to submit to a drug test or your failure to pass such a test means you will not be employed by PIDF. Additionally, throughout your employment with PIDF, you may be subject to a reasonable cause and/or post-accident testing. The test results will remain strictly confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe that the individual may alter or substitute the specimen. Negative test results are required as a condition of employment. I further agree that if offered a position with PIDF, I hereby agree to any physical testing required by PIDF as a legal condition of employment as dependent upon the requirement of program contract.

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## **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapsed before discovery.

\_\_\_\_\_ **At-Will Employment**

I understand and agree that if I am employed, my employment will be “at-will” which means that PIDF or I may terminate employment at any given time with or without cause or notice.

\_\_\_\_\_ **Work Schedules**

I understand that work schedules are subject to change at any time and that overtime may be required and must be approved in advance by my supervisor.

My answers on this application have been true and accurate pursuant to the penalty of perjury under the laws of the State of Hawaii. I have read and understand the above policy disclosures and agree to be bound by them if employed by PIDF.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Application Date