#### UNIVERSITY OF HAWAII COMMUNITY COLLEGES

# APPLICATION FOR FACULTY OR EXECUTIVE/MANAGERIAL POSITIONS

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 should 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

KAPIOLANI COMMUNITY COLLEGE 4303 Diamond Head Road Honolulu, HI 96816

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

WINDWARD COMMUNITY COLLEGE 45-720 Keaahala Road Kaneohe, HI 96744

### **NEIGHBOR ISLANDS:**

HAWAII COMMUNITY COLLEGE 200 West Kawili Street Hilo, HI 96720-4091

KAUAI COMMUNITY COLLEGE 3-1901 Kaumualii Highway Lihue, HI 96766 MAUI COMMUNITY COLLEGE 310 Kaahumanu Avenue Kahului, HI 9673

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## 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/Mino	· ·	Date Revd
		r most recent training experience, list e, technical, apprenticeship, or special Completed Program	
you have received.	Co	mpleted Program	
School Name and Address	Occupational Area		<u>Date</u>

## A. Teaching Experience

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)	No. Credits Taught

List Post-Secondary Courses Taugh (attach add'l pages)	Date (Mo/Yr to Mo/Yr)	No. Credits <u>Taught</u>
B. Other Professional Experie	ence	
	t or most recent job, experientation below. If additional spatiand attach.	
Employer	Address	
Supervisor's Name/Title	Your Title	
Full-Time to Hrs/Week	c Part-Time to _	Hrs/Week
Mo/Yr Mo/Yr Mo/Yr	Mo/Yr Mo/Yr	Mo/Yr Mo/Yr
Beginning Salary: \$		
Reason(s) for Leaving:  Description of Duties and Responsi		•

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

Employer		_ Address		
Supervisor's Name/Title _		You:	r Title	
Full-Time to	Hrs/Week	Part-Time	to	Hrs/Week
Mo/Yr Mo/Yr Mo/Yr Mo/Yr	Mo/Yr	Mo/	Yr Mo/Yr	Mo/Yr
Beginning Salary: \$	End	ing Salary: \$_		
Reason(s) for Leaving: _				
Description of Duties and	Responsibilities:			
Employer		Address		
Supervisor's Name/Title _		You	r Title	
Full-Time to	Hrs/Week	Part-Time	to	Hrs/Week
Mo/Yr Mo/Yr Mo/Yr Mo/Y	Mo/Yr	Mo/	Yr Mo/Yr	Mo/Yr
Beginning Salary: \$	End	ing Salary: \$_		
Reason(s) for Leaving: _				
Description of Duties and	Responsibilities:			

# III. <u>Publications, Research and Other Creative Activities</u>

itle_	Co-Authors	Title of Journals of Other Publications and Date	Publisher and Date (Books Only)
	IV.	Pertinent Special Qualifications	
cor	nmunity service, ac	nembership in professional or scientivities, honors, awards, fellowsheational certification/license and e	nips, etc. Also

# V. Current References

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.  I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS HEREIN MAY CAUSE FORFEITURE OF ALL RIGHTS TO ANY EMPLOYMENT WITH THE UNIVERSITY OF HAWAII.		or who may be contacted regarding your application:  Name in Full    Position   Current Mailing Address   Telephone 1	N
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	EMI	PLOYMENT WITH THE UNIVERSITY OF HAWAII.	
	ORIO	GINAL SIGNATURE OF APPLICANT:	
Date:			

#### CRIME AWARENESS AND CAMPUS SECURITY ACT

In accordance with the Campus Security Act of 1990, the University of Hawaii maintains data on the types and number of crimes that occur on University property as well as policies dealing with campus security. To obtain additional information, please visit the respective campus' website or contact their security office.

### An Equal Opportunity/Affirmative Action Institution

CC Personnel Form 27A (Revised 08/04/04)