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

UNIVERSITY OF HAWAII COMMUNITY COLLEGES

APPLICATION FOR FACULTY OR EXECUTIVE/MANAGERIAL POSITIONS

Title of Position Applying For (or Subject) Position No.		
Name: _					
	Last	First	M.I.		
Current	Mailing Address:				
Street	Apt. No.	City	State	Zip Code	
Telepho	ne No.: Home (_)	Business ()	
	ddress:			ne No	
	h number may we				
Fax No:	()		·		
	e the best hours:				
FOR O	FFICE USE ON	LY			
Date Ap	plication Receive	ed:	Interviewe	ed:	
Transcri	pt Received: Cop	y:	Official:		
	_				
File Rec	eived:		Recommen	ded:	
Letters o	of Recommendati	on Received: 1.	2.	3.	

COMMENTS:			
RECOMMENDED RA	NK AND STEP PLACEMEN	Γ:	
	I. Education and Training		
_	g with your present or most rec chools you attended beyond Gra		
School Name and Address	Major Field of Study/Minor	Type of Degree Rcvd.	Date Revd.

	military (if appropriate), trade, technical, apprenticeship, or special training you					
School Name an		Occupational Area	-	eted Progra <u>Yes/No</u>	m <u>Date</u>	
A. Teachin	g Experience					
Beginnin	ng with your pres	sent or most recent t additional space is re	•	-	•	
School Name and Address	Position Title	FT/PT D (Mo/Yr to Mo/	ate <u>Yr)</u>	No. Credi	ts Taught	

List Post-Secondary Courses Taught (attach add'l pages)	Date (Mo/Yr to Mo/Yr)	No. Credits Taught
- (unuen udu i puges)	(1/10/ 11 to 1/10/ 11)	<u>rwagni</u>
B. Other Professional Experience		
Beginning with your present or reteaching, provide the information continue on a separate sheet and	n below. If additional spac	
Employer	Address	
Supervisor's Name/Title	Your Title	
Full-Time to Hrs/Week Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr	Part-Time to Yr	_ Hrs/Week Mo/Yr
Beginning Salary: \$ E	nding Salary: \$	_

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

Full-Time to Mo/Yr Mo/Yr Mo/Yr Mo/Yr	Hrs/WeekMo/Yr			
Beginning Salary: \$	End	ing Salary: \$		
Reason(s) for Leaving: _				
Description of Duties and	l Responsibilities:			
Employer		_ Address		
Supervisor's Name/Title		Your T	itle	
Full-Time to Mo/Yr Mo/Yr Mo/Yr Mo/Yr				
Beginning Salary: \$	End	ing Salary: \$		
Reason(s) for Leaving: _				
Description of Duties and	l Responsibilities:			

Employer			A	ddress		
Supervisor's N	ame/Titl	le		Your 7	Γitle	
Mo/		Yr N				Hrs/Week Mo/Yr
Beginning Sal	ary: \$		Ending	Salary: \$		
Reason(s) for l	Leaving:					

Description of Duties and Responsibilities:

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

<u>Γitle</u>	Co-Authors	Title of Journals of Other Publications and Date	Publisher and Date (Books Only)
	IV.	Pertinent Special Qualifications	
cor	nmunity service, ac	embership in professional or scientivities, honors, awards, fellowshoational certification/license and o	nips, etc. Also

V. Current References

	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 Current Mailing Address Telephone No.
1.	
3.	
	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.
	ORIGINAL 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)