STEADFAST HOME CARE SERVICES, LLC

1631A Pali Highway, Honolulu, Hawaii 96813 | 808-566-0360 | wesupport@steadfast-hi.com | www.steadfast-hi.com
Licensed Home Care Agency under Hawaii Administrative Rules Chapter 11-700

EMPLOYMENT APPLICATION

Document SHC-HR-1 | Version 2.0 | Revised July 2026

Regulatory Basis. *Supports HAR Section 11-700-9(d)(1) (qualifications and experience by category of personnel) and Section 11-700-9(d)(4) (background checks). Steadfast Home Care Services, LLC is an equal opportunity employer. All qualified applicants receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or any other status protected by law.*

Instructions: Please print clearly and complete every section. Write N/A where an item does not apply. Attach a resume if you have one; a resume does not replace this application.

1. Applicant Information

Full Legal Name: _____ **Date of Application:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Email:** _____

How Did You Hear About Us / Referred By: _____

Eligibility	Yes	No
Are you 18 years of age or older?	☐	☐
Are you legally authorized to work in the United States?	☐	☐
Have you previously worked for or applied to this Agency?	☐	☐

2. Position

Position Applied For: _____

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ On-Call / As Needed

Date Available to Start: _____ **Desired Hourly Rate: $** _____

3. Certifications and Training

List any current certifications, licenses, or completed training, such as CNA, Nursing Assistant, HHA, PCA, CPR, First Aid, or other. Certifications are not required to apply.

Certification, License, or Training	Issuing Organization	Number (If Any)	Expiration Date

Confidential. Maintained under HAR Chapter 11-700. This document does not constitute medical or legal advice.

Certification, License, or Training	Issuing Organization	Number (If Any)	Expiration Date

4. Education

School	Location	Diploma, Degree, or Program	Completed
			Yes / No
			Yes / No
			Yes / No

5. Employment History

Start with your most recent employer and work backward. Include caregiving, healthcare, volunteer, and other relevant experience. Account for any gap of more than three months in the Notes at the end of this section. If more space is needed, attach a signed sheet in the same format.

Employer 1 (Most Recent)

Employer or Agency Name		**Phone**	
Address (City and State)			
Supervisor Name		**Supervisor Title**	
Position or Title Held			
Employment Type	Full Time / Part Time / Per Diem / Volunteer		
Dates Employed (Month/Year)	From: To:	**Hours per Week**	
Starting Pay	$	**Ending Pay**	$
Duties and Responsibilities			
Reason for Leaving			
May We Contact This Employer?	Yes / No	**If No, Explain**	

Employer 2

Employer or Agency Name		**Phone**	
Address (City and State)			
Supervisor Name		**Supervisor Title**	
Position or Title Held			
Employment Type	Full Time / Part Time / Per Diem / Volunteer		
Dates Employed (Month/Year)	From: To:	**Hours per Week**	
Starting Pay	$	**Ending Pay**	$

Confidential. Maintained under HAR Chapter 11-700. This document does not constitute medical or legal advice.

Duties and Responsibilities			
Reason for Leaving			
May We Contact This Employer?	Yes / No	**If No, Explain**	

Employer 3

Employer or Agency Name		**Phone**	
Address (City and State)			
Supervisor Name		**Supervisor Title**	
Position or Title Held			
Employment Type	Full Time / Part Time / Per Diem / Volunteer		
Dates Employed (Month/Year)	From: To:	**Hours per Week**	
Starting Pay	$	**Ending Pay**	$
Duties and Responsibilities			
Reason for Leaving			
May We Contact This Employer?	Yes / No	**If No, Explain**	

Employment Gaps and Additional Notes

Explain any gap of more than three months between positions, and note any additional relevant experience.

Steadfast
HOME CARE SERVICES, LLC
"Where care stays constant and families stay supported"

6. Availability

Mark the days you are available and the hours you can work. This helps us match you with clients across Oahu.

Day	Available	Earliest Start Time	Latest End Time
Monday	☐ Yes ☐ No		
Tuesday	☐ Yes ☐ No		
Wednesday	☐ Yes ☐ No		

Day	Available	Earliest Start Time	Latest End Time
Thursday	☐ Yes ☐ No		
Friday	☐ Yes ☐ No		
Saturday	☐ Yes ☐ No		
Sunday	☐ Yes ☐ No		

Preferred Shift: Morning / Afternoon / Evening / Any _____

Maximum Hours per Week: ____ **Date Available to Start** _____

Additional Availability	Yes	No
Available to work weekends?	☐	☐
Available to work holidays?	☐	☐
Available for overnight shifts, if the Agency offers them in the future?	☐	☐

7. Transportation and Work Areas

Transportation	Yes	No
Do you have reliable transportation to reach client homes?	☐	☐
Do you have a valid driver's license?	☐	☐
Are you willing to provide client transportation in your own insured vehicle?	☐	☐

Steadfast
HOME CARE SERVICES, LLC
"Where care stays constant and families stay supported"

Areas of Oahu You Are Willing to Work (Check All That Apply)

☐ Honolulu / Urban Core ☐ East Honolulu ☐ Windward Side
☐ Central Oahu ☐ Leeward / West Oahu ☐ North Shore

8. References

List three references who are not family members. Professional or work references are preferred.

Name	Relationship	Phone	Years Known

Confidential. Maintained under HAR Chapter 11-700. This document does not constitute medical or legal advice.

9. Conditions of Employment

Any offer of employment is conditional. After a conditional offer is made, and before any client contact, the applicant must complete and pass: a criminal history background check fitness determination under HRS Section 321-15.2 (conducted through Fieldprint, Inc.), documented tuberculosis clearance under HAR Chapter 11-164, verification of credentials and references, and the Agency's orientation program. Consistent with Hawaii law, the Agency does not ask about criminal history on this application; any background inquiry occurs only after a conditional offer of employment.

10. Applicant Certification and Signature

I certify that the information provided in this application is true and complete. I understand that a false statement or omission may disqualify me from employment or result in termination, whenever discovered. I authorize the Agency to contact the employers and references listed, except where I have marked otherwise, and to verify the information provided. I understand that employment with the Agency is at will, that this application is not a contract of employment, and that any offer is subject to the conditions in Section 9.

Applicant Signature	Date
Applicant Printed Name	Date

Steadfast
HOME CARE SERVICES, LLC
"Where care stays constant and families stay supported"