Background Check Authorization

CNA Training Academy by Kāhala Nui

I hereby release, hold harmless, and authorize Kahala Nui, and/or its agents or representatives, to request as needed, all information regarding any criminal convictions on my background record and I understand that it is a requirement to participate in the hands-on clinical rotation of the training program to have a record that is clear of any criminal convictions within the past 10 years that have a rational relationship to the job of a Certified Nursing Assistant.

Name: _____ SS#: _____
(Please print)

Address: _____
Street City, State Zip Code

Gender: ❑ Male ❑ Female Date of Birth: _____

I attest to the following (check one):

❑ I have no prior criminal convictions within the past ten (10) years.

❑ I have been convicted of the following crimes within the past ten (10) years:

Crime:	Date of Conviction:	Penalty:
_____	_____	_____
_____	_____	_____

During the past ten (10) years, I have lived in the following countries other than the U.S. or states other than Hawaii:

City, State or Country	Dates	City, State or Country	Dates
_____	_____	_____	_____
_____		_____	
Address		Address	

I verify that the information provided above is true, correct and complete and that I will be subject to dismissal if any information that I have given is false, misleading or incomplete, regardless of the time elapsed after discovery.

Applicant Signature: _____ Date: _____

Submit completed form via email to employment@kahalanui.com or via fax to (808) 218-7026