

State of Hawaii
Department of Human Resources Development - Employee Staffing Division

**CERTIFICATION OF SIGNIFICANTLY DISABLED INDIVIDUAL FOR
SELECTIVE STATE EMPLOYMENT PROGRAM ELIGIBILITY**

_____ Date

Name of Applicant or VR Client: _____

Applicant/VR Client's Address: _____

DISABILITY INFORMATION

A. Description of the Applicant/VR Client's Significant Disability: _____

B. Functional Limitations: _____

C. Barriers to Obtaining Employment through Normal Civil Service Procedures: _____

D. Applicant/client's skills and other information essential to successful job placement if any,
including recommended job classes for possible placement: _____

*I have reviewed the applicant's history and certify that in my judgment the applicant has
a significant physical or mental disability and is unable to compete for a civil service
vacancy.*

Signature of Authorized VR Staff

Typed or Printed Name of Signer

Address

CONFIRMED / DENIED

Signature of Authorized DHRD Representative

Distribution of Copies: Original - VRSBD Authorizing Office
Copy - Participating Departmental Personnel Offices
Copy - DHRD - ESD (Examination Branch)