



APPLICATION FOR EXEMPT EMPLOYMENT

Submit to

State of Hawai'i
 Name of Your Department
 Departmental Personnel Office, Room Number
 Street Address or P.O. Box, City, State, Zip

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you are eligible for the job for which you are applying and to assist the appointing authorities in the selection process.

- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and accompanying material are confidential and becomes our property. Please make your own copy of your application before submitting it.

The information you provide will be used to determine whether you meet public employment requirements. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the American with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where there is a bona fide occupational qualification. The federal and state laws apply to all forms of employment decisions and actions, including pre-employment inquiries.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

NOTICE OF "AT WILL" EMPLOYMENT

The position that you are applying for is exempt from the civil service. Therefore, if you are appointed to the position, your employment will be considered to be "at will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

1. CITIZENSHIP STATUS. Please place a checkmark in the appropriate block:

- A. Citizen of the U.S.
- B. National of the U.S.
- C. Permanent Resident Alien of the U.S.
- D. Other – Non-citizen of the U.S.

2. RESIDENCE STATUS. Please check the appropriate block and fill in the spaces:

Are you a current or former legal resident of Hawai'i?

Yes No

The month/year Hawai'i residence began:
 from ____ / ____ to ____ / ____

Period (month/year) of former legal residency:
 from ____ / ____ to ____ / ____

(NOTE: State law requires most applicants to be legal residents or former legal residents of Hawaii. If you are in doubt about your status, please complete and submit Form 319 with this application.)

3. _____
JOB TITLE(S) APPLYING FOR

4. NAME: _____
 First Middle Last

5. MAILING ADDRESS: _____
 Number or P.O. Box Street

City State Zip Code

6. TELEPHONE NO.: _____
 Business Home

7. SOCIAL SECURITY NUMBER: _____

8. CERTIFICATE OF APPLICANT

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 in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

 Date Original Signature of Applicant

9. EDUCATION: Please type or print legibly in ink.

The information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying.

A. Name and location of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed:	Date of Graduation			
B. In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or Professional Schools					
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Sem'tr	Quarter		

OTHER QUALIFICATIONS
A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority.

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH. List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS. Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

10. EMPLOYMENT REFERENCES:

This information you provide in this section will be used strictly in the evaluation of your qualifications for the job(s) for which you are applying. You need not provide three references. If you have additional references, you may list them on a separate sheet titled: Employment References.

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary) _____

Mailing Address: _____

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary) _____

Mailing Address: _____

Name, Title and Phone Number of Reference: _____

Employer (Include Company, Department, Subsidiary) _____

Mailing Address: _____

11. EXPERIENCE: Please type or print legibly in ink.

Please begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and types of employees you supervised. If more space is needed provide the information on a blank sheet titled Experience and attach it to this form. Your answers may be verified with former employers.

Please complete this section even if you are attaching a resume or other attachments.

Your Present or Last Position	Employer _____	From: _____ Month Year
	Address _____ _____	To: _____ Month Year
	Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Your Title _____	Average hours worked per week _____
	Duties and Responsibilities _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	_____	Ending Salary \$ _____ Per _____
	_____	Reason(s) for leaving _____ _____

Employer _____	From: _____ Month Year
Address _____ _____	To: _____ Month Year
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____	Starting Salary \$ _____ Per _____
_____	Ending Salary \$ _____ Per _____
_____	Reason(s) for leaving _____ _____

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Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____
Month Year

To: _____
Month Year

Full Time Part Time Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____
Month Year

To: _____
Month Year

Full Time Part Time Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

Employer _____

Address _____

Name and Title of Your Supervisor _____

Your Title _____

Duties and Responsibilities _____

From: _____
Month Year

To: _____
Month Year

Full Time Part Time Volunteer

Average hours worked per week _____

Starting Salary \$ _____ Per _____

Ending Salary \$ _____ Per _____

Reason(s) for leaving _____

You may use copies of this page to complete your employment history if necessary.