GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.
The information you provide will be used to determine whether you qualify for the job(s) you are applying.
- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service positions.
- Before applying, read the position requirements described in the Announcement carefully to determine if you qualify for the position.
- Any additional required forms described in the Announcement can be obtained from this office.
- 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 numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

8. CITIZENSHIP STATUS.
The State of Hawai‘i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

☐ I acknowledge I have read and understood the above information.

9. NOTICE OF “AT WILL” EMPLOYMENT
The job you are applying for is temporary in nature. Therefore, if 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 the department head or designee at any time.

CERTIFICATE OF APPLICANT
I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an “At Will” basis. 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
STATE OF HAWAI‘I APPLICATION FOR NON-CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 15 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE
Within the past five years, were you:
   A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? □ YES □ NO
   B) Separated from military service under conditions other than honorable? □ YES □ NO
(If you answer “Yes” to question 10A or 10B, please indicate in item #11 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11.

12. SUSPENSION OR REVOCATION OF LICENSE
Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? □ YES □ NO
(If you answer “Yes,” please indicate in item #13 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

13.

14. SETTLEMENTS OR AGREEMENTS
Have you accepted a settlement, a cash buyout such as through the State’s Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? □ YES □ NO
(If you answer “Yes,” to question 14, please explain in detail in item #15 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

15.
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI‘I APPLICATION FOR NON-CIVIL SERVICE POSITIONS
SAMPLE – PLEASE SEE YOUR DEPARTMENT’S PERSONNEL OFFICE

1. POSITION TITLE APPLYING FOR:
2. RECRUITMENT NUMBER or POSITION NUMBER:

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran’s status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai‘i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME:
   Last
   First
   Middle

4. OTHER NAMES USED OR FORMER
   LAST NAME:

5. E-MAIL ADDRESS:

6. MAILING ADDRESS:
   P.O. Box or Street Address
   City
   State
   Zip Code

7. PHONE NO:
   Home
   Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)
   School name/type
   (city/state/country)
   City/State/Country
   Did you graduate? Yes No
   If no, what grade level did you complete?
   Did you receive a GED? Yes No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

   NAME & ADDRESS

   Course or Major
   Field of Study
   Number of Credits
   or Hours Completed
   Semester
   Quarter
   Kind of Degree
   Diploma or Certificate
   Received

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER’S LICENSE: Yes, I have a valid driver’s license and/or am able to obtain a valid license by the time of appointment.

   No, I do not have a driver’s license and/or I am not interested in being considered for positions which require a driver’s license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. If proof of evidence is required, please submit a photocopy or present for verification.

C. 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

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.
## EDUCATION AND EMPLOYMENT HISTORY

**STATE OF HAWAI‘I APPLICATION FOR NON-CIVIL SERVICE POSITIONS**

10. **EXPERIENCE:** Please type or print legibly in ink. 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 job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled “Experience” and attach it to this form. Information you submit on this form may be verified.

Do not submit a resume in place of completing this page.

<table>
<thead>
<tr>
<th>Employer</th>
<th>From:</th>
<th>Month</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>To:</td>
<td>Month</td>
<td>Year</td>
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<tr>
<td></td>
<td></td>
<td>Full Time</td>
<td>Part Time</td>
</tr>
<tr>
<td>Supervisor’s Name and Title</td>
<td>Average hours worked per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company Phone Number</td>
<td>Starting Salary</td>
<td>$</td>
<td>Per</td>
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<tr>
<td>Company URL Internet Address</td>
<td>Ending Salary</td>
<td>$</td>
<td>Per</td>
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<tr>
<td>Your Position Title and Duties</td>
<td>Reason(s) for leaving</td>
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<td></td>
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Do you supervise? [ ] Yes [ ] No

If yes, how many employees?

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Did you supervise? [ ] Yes [ ] No

If yes, how many employees?

May we contact this employer? [ ] Yes [ ] No