

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT



1000.001 ATTACHMENT A

SAMPLE - PLEASE SEE YOUR DEPARTMENT'S PERSONNEL OFFICE

FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY.

- Exempt
- Other: (state below)

RECEIVED DATE/TIME STAMP

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, addresses, 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.

1. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: _____
Last First Middle

OTHER NAMES USED OR FORMER
4. LAST NAME: _____

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

City State Zip Code

E-MAIL
6. ADDRESS: _____

PHONE
7. NUMBER: _____
Home Other

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

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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

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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.

Your Present or Last Position	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> To: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> To: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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