



STATE OF HAWAI'I APPLICATION SKILLBRIDGE PROGRAM

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

Employee Staffing Division, Room 1100
235 S. Beretania Street Honolulu, Hawaii 96813

THIS SPACE FOR DHRD USE ONLY

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for job(s) identified for placement.

- Answer the questions completely and accurately. You may not be considered for a position if your application is incomplete; i.e., official transcripts, diploma, and/or license is not submitted. You may be disqualified or dismissed from placement 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 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.

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

1. _____
JOB TITLE

2. _____
POSTING NUMBER

3. NAME: _____
Last First Middle

OTHER NAMES USED OR FORMER

4. LAST NAME: _____

MAILING

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

6. _____
City State Zip Code

E-MAIL

7. ADDRESS: _____

PHONE

8. NUMBER: _____
Home Other

9. WORK AUTHORIZATION

Please answer both A and B below:

- A. Are you legally authorized to work in the United States?
Yes No
- B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)?
Yes No

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 placement 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 placement-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 Host Agencies.

Information requested in items 10 through 17 is needed to make determinations on your suitability for participation in the SkillBridge Program. Convictions, dis-missals 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 participation in the SkillBridge Program.

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. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? YES NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #13 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? YES NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? YES NO

(If you answer "Yes" to question 12A, 12B, or 12C, indicate in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. 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 #15 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.)

15. _____

16. 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 16, please explain in detail in item #17 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

17. _____

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR SKILLBRIDGE PROGRAM
 DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

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ORIGINAL OF PAGES 3 & 4 SHALL BE TRANSMITTED TO HOST AGENCIES

Date of This Application

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.

1. NAME: _____
Last First Middle

2. OTHER NAMES USED OR FORMER LAST NAME: _____

MAILING

3. ADDRESS: _____
P.O. Box or Street Address

4. _____
City State Zip Code

5. E-MAIL ADDRESS: _____

6. PHONE NO.: _____
Home Other

7. EDUCATION: 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.

DO NOT WRITE IN THIS MARGIN

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

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		Kind of Degree, Diploma or Certificate Received	Date Received
		Semester	Quarter		

8. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: ___ No: ___
DRIVER'S LICENSE # _____ **State:** _____ **Class/Type:** _____ **Expiration Date:** _____
If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.

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

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9. 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. Please complete this section even if you are attaching a resume or other documents.**

Your Present or Last Position	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ May we contact your employer? Yes No
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ May we contact your employer? Yes No
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ May we contact your employer? Yes No
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ May we contact your employer? Yes No