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

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES – Personnel Office
1151 Punchbowl St. Room 420
Honolulu, Hawaii 96813

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 ink.

The information you provide will be used to determine whether you qualify for the job for which you are applying.

- This application form is to be used for non-civil service positions.
- Before applying, read the job requirements described in the job announcement carefully to determine if you qualify for the job.
- Any additional required forms described in the job 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 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 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

6. _____
City State Zip Code

E-MAIL
7. ADDRESS: _____

PHONE
8. NUMBER: _____
Home Other

9. CITIZENSHIP STATUS. The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block:

A. ☐ Citizen of the U.S.

B. ☐ National of the U.S. (includes persons born in American Samoa, includes Swain's Island.)

C. ☐ Permanent Resident Alien of the U.S.

D. ☐ Other – Non-citizen authorized under federal law to work in the U.S.

If you selected "Other-Non-Citizen" in Question #9D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

☐ Yes ☐ No

Please explain your "Yes" or "No" answer. _____

10. 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 your 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. A new application is to be submitted for each consideration. 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 11 through 18 is needed to make determinations on your suitability for employment. Convictions, 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.

11. 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 11A or 11B, please indicate in item #12 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.)

12. _____

13. 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 #14 below.)
(5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date thesentence 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 13A, 13B, or 13C, indicate in item #14 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.)

14. _____

15. 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 #16 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.)

16. _____

17. 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 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18. _____

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE POSITIONS
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

FOR OFFICIAL USE ONLY
PERSONNEL OFFICE TO SELECT CATEGORY.
☐ Exempt
☐ Other: (state below)

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

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans 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. 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 it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii 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. MAILING ADDRESS: _____
P.O. Box or Street Address

6. _____
City State Zip Code

7. E-MAIL ADDRESS: _____

8. PHONE NO.: _____
Home Other

DO NOT WRITE IN THIS SPACE

9. **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.

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		

10. 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.

_____
_____
_____
_____

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11. 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
☐ 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 _____
_____
_____
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_____

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 _____
_____
_____