



STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

Department of Transportation
Highways Personnel Office

869 Punchbowl Street, Room 203, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

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

- Before applying, read the job requirements described in the Announcement carefully to determine if you qualify for the job.
- 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 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. CITIZENSHIP STATUS.

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.

Are you authorized under federal law to work in the U.S. without restrictions?

Yes No Type of Visa _____

2. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim (see description below)

5 points 10 points

Serial or Service No.: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Last Separation:

Honorable Other than honorable

5 points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
- B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
- C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 points veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;
- B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;
- C. An unmarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

3. _____
JOB TITLE APPLYING FOR

4. _____
POSITION NUMBER

5. NAME: _____
Last First Middle

6. MAILING ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

7. PHONE NUMBER: _____
Home Other

E-Mail

8. Address _____

9. 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

Information requested in items 10 through 14 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. The information on this page will not be released to persons involved in the appointment process.

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 #14 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. 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.

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 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 11A, 11B, or 11C, indicate in item #14 below, the date, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

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 #14 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. 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 Hawai'i? YES NO

14. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE: _____

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

3. NAME: _____
Last First Middle

Other names used _____
(including maiden names)

MAILING
 4. ADDRESS: _____
P.O. Box or Number and Street

_____ City State Zip Code

PHONE
 5. NUMBER: _____
E-Mail Home Other

6. Address _____

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. Your responses may be verified.

DO NOT WRITE IN THIS SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed	Date of Graduation (Month, Year)
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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. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the state or other licensing authority. If proof of evidence is required, please submit a copy or present for verification.

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.

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. 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 _____ 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 <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 _____ _____ _____
	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 _____ 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 <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 _____ _____ _____

APPLICANT DATA SURVEY DEPARTMENT OF TRANSPORTATION

To meet Federal and State guidelines, we request your assistance in filling out the form below. The information will be kept strictly confidential and will be used only for reporting and research purposes. Completion of this form is voluntary; it will in no way affect your opportunity for a job.

Please return the form to the person who gave it to you for routing to the Affirmative Action Officer. If you wish, you may send the form to: Department of Transportation, Office of Civil Rights, 869 Punchbowl Street, Room 112, Honolulu, HI 96813, Attn: EEO/Affirmative Action Officer.

Name _____ Date _____

Position Title _____

Position No. _____ Division _____ Location _____

AGE: (MARK ONE)

- Under 20
- 20-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60 & over

SEX:

- Male
- Female

ETHNIC CATEGORY: Mark the category in which you believe best represents your ethnic background. **MARK ONE ONLY.**

- | | | |
|---|---|---|
| American Indian or Alaska Native <input type="checkbox"/> | Hawaiian/Part-Hawn <input type="checkbox"/> | White* <input type="checkbox"/> |
| Black or African American <input type="checkbox"/> | Japanese <input type="checkbox"/> | Mixed (Other than Part-Hawn) <input type="checkbox"/> |
| Chinese <input type="checkbox"/> | Korean <input type="checkbox"/> | Other <input type="checkbox"/> |
| Filipino <input type="checkbox"/> | Samoan <input type="checkbox"/> | |

*Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino and Puerto Rican).

STATE OF HAWAII
DEPARTMENT OF PERSONNEL SERVICES
830 PUNCHBOWL STREET
HONOLULU, HAWAII 96813

C O N F I D E N T I A L
DPS 329c
REQUEST FOR CRIMINAL HISTORY RECORD
CLEARANCE FOR STATE CIVIL SERVICE
EMPLOYMENT

PART I - APPLICANT DATA

(Applicant - please print (black ink) or type all requested information in part I, sign and mail to Department of Transportation; Highways Division; ATTN: Personnel Officer; 869 Punchbowl Street, Room 203; Honolulu, HI 96813)

Date: _____

Applicant's Full Name: _____
Last First Middle

Any Alias(es)/Former name(s) -- including maiden name: _____ Sex: _____

Social Security No.: _____ Date of Birth: _____ Place of Birth: _____
month/day/year

Employing Department: _____ Classification Title: _____

Applicant's Address: _____ Applicant's Signature: _____

PART II - FILE SEARCH DATA

Criminal Justice Data Center, Department of the Attorney General --
Complete and return to _____

(to be completed by the employing agency)

Reports:

BY: _____ Date: _____
HCJDC Director, for the Attorney General

PART III - DETERMINATION OF QUALIFICATION

(To be completed by employing agency, or Department of Personnel Services for cases described in item E of DPS 329 (revised 5/1/84) "Procedures for Obtaining a Criminal History Records Clearance".

Applicant named above is:

Suitable -- Appointment approved _____

Unsuitable -- Applicant disapproved _____

By: _____
(Employing Agency)

Date: _____

By: _____
(For Department of Personnel Services)