

STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
Hawaii Leadership Academy

Participant's Work History

Last Name _____ First Name _____ Middle Initial(s) _____

Employee ID No. (Only State employees) _____

For your name tent/tag, please indicate your preference (e.g., Jim vs. James) _____

Department _____ Division _____

Branch _____ Section/Office _____

Position Title _____ EM/SR Rating _____

Business Address _____

Business Phone _____ FAX _____ E-mail _____

Immediate Supervisor _____ Title _____

Number of Years in Your Present Dept. _____ Number of Years in State Service _____

Number of Years in Mgt. Positions _____ Number of People You Manage _____

Briefly describe your duties: _____

Principal positions held during the previous five years:

Company/Organization	Type of Organization	Your Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest degree and major or academic grade completed: _____

Business and/or professional memberships: _____

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