

STATE OF HAWAI'I APPLICATION FOR 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 10 through 19 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 explain in detail in item #11 below, the dates 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. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail 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. 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 the above question, please explain in detail in item #15 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.)

15. _____

16. 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 explain in detail in item #17 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.)

17. _____

18. 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

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

STATE OF HAWAI'I DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER APPLYING FOR: _____

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. 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.

3. NAME: _____
Last First Middle

4. OTHER NAMES USED OR FORMER
 LAST NAME: _____

5. E-MAIL ADDRESS: _____

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

City State Zip Code

7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: 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 SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)
 (School name/type) _____ (City/State/Country) _____

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 |
|----------------|--------------------------------|--------------------------------------|---------|---|
| | | Semester | Quarter | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

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.

STATE OF HAWAI'I DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in blue or black 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 _____ | From: _____ <small>Month Year</small> |
| | Supervisor's Name and Title _____ | To: _____ <small>Month Year</small> |
| | Company Phone Number _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer |
| | Company URL Internet Address _____ | Average hours worked per week _____ |
| | Your Position Title and Duties _____ | Starting Salary \$ _____ Per _____ |
| | _____ | Ending Salary \$ _____ Per _____ |
| | _____ | Reason(s) for leaving _____ |
| Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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

Occupational Safety & Health Administrator – Oahu, 16-033
Supplemental Questionnaire - Submit with Application

REQUIRED SUPPLEMENTAL QUESTIONS

The responses you provide to these Supplemental Questions will be used in combination with your application to determine whether you meet the qualification requirements and/or your final score. Failure to provide detailed and complete information may result in your application being rejected or receiving a lower score. Please **do not** submit a resume in place of completing the Supplemental Questions.

In general, proof of education obtained from and/or submitted through the internet will not be accepted.

Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number.

Any information you submit may be verified. Supporting documents must be submitted within five working days of the filing of your application.

When applying for this position, I understand that I must thoroughly complete the Education and Work Experience sections of my application and the Supplemental Questions. This includes a detailed description of each position that I feel qualifies me for the job I am seeking.

I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected or my receiving a lower examination score. I also understand that I may not submit resumes in lieu of filling out the application or answering the Supplemental Questions. However, I may attach a resume to the application to provide additional information.

Applicants must meet all the requirements for the position seeking as of the date of the application, unless otherwise specified. In general, concurrent experience and/or education will not be double credited unless otherwise specified. Possession of the required amount of experience will not in and of itself be accepted as proof of qualification.

_____ **Please initial to acknowledge** that you read and understand the above information.

CLASS SPECIFICATIONS and MINIMUM QUALIFICATION REQUIREMENTS

Links to access the complete Class Specifications and Minimum Qualification Requirements were provided in the job announcement.

_____ **Please initial to acknowledge** that you reviewed the Class Specifications and Minimum Qualification Requirements via the links provided in the job announcement.

Occupational Safety & Health Administrator – Oahu, 16-033

Print Name

Signature

Date

1. EDUCATION REQUIREMENT:

- I have a bachelor's degree from an accredited four (4) year college or university
 - Legible copy of official transcript or degree included with application.
 - Legible copy of official transcript or degree to be submitted within five working days.

- I do not have a bachelor's degree. I have excess specialized experience as described in the Minimum Qualification Specifications or other responsible administrative, professional, technical, or analytical work experience which provided knowledge, skills and abilities comparable to those acquired in four years of successful study while completing a college or university curriculum leading to a baccalaureate degree as substitution for education on a year-for-year basis.
(On a separate sheet, describe your work experience to support this statement)

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

2. EXPERIENCE REQUIREMENT

- I meet all the requirements of **Option A** as described in the Minimum Qualification Specification.
- I meet all the requirements of **Option B** as described in the Minimum Qualification Specification.

On a separate sheet, identify each experience you would like us to consider and provide the following information for EACH relevant employer.

FOR OPTION A:

A. General Experience (2 years):

Progressively responsible administrative, professional or technical work experience which involved analyzing, interpreting and evaluating technical material; solving technical, managerial or administrative problems by applying problem-solving methods and techniques; and writing narrative reports.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing general experience duties;
- 3) What were your **major** duties and responsibilities?;
- 4) Describe your experience involving the following:
Include examples of your specific role and authority in the process, the steps you took, and what happened as a result of your involvement;
 - a) Analysis, interpretation and evaluation of technical material.
Describe the types of technical material.
Give examples of what and how you analyzed, interpreted and evaluated the material.
 - b) Application of problem-solving methods and techniques in order to solve technical, managerial or administrative problems;
Describe the kinds of problems you encountered.
What role did you play in developing, weighing, and proposing alternative courses of action?
What factors did you considered in recommending appropriate courses of action?
 - c) Written Reports;
Types of reports written
Purpose
Who were the reports submitted to?

- 5) Describe your experience in the application and interpretation of laws, rules, regulations, policies and procedures.
- 6) How did your duties and level of authority differ from those of your supervisor?
- 7) Did this employer have a separate corporate or administrative office (e.g., board, executive, etc.) with final decision-making authority? What was the relationship of your position to this office or entity?

B. Supervisory Experience (3 years):

Work experience which included: 1) planning, organizing, scheduling, and directing the work of others; 2) assigning and reviewing their work; 3) advising them on difficult work problems; 4) training and developing subordinates; and 5) evaluating their work performance.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title.
- 2) Which department or section did you work in?
- 3) What were your **major** duties and responsibilities?
- 4) Average number of hours per week spent performing supervisory duties described above.
- 5) Number and job titles of subordinates supervised.
- 6) Detail your experiences to include the following:
 - a) Planning, organizing, scheduling, and directing the work of others;
Describe your methods.
 - b) Assigning and reviewing work of subordinates;
How did you determine who would be assigned specific tasks?
How often did you review the work of your subordinates?
What did the review include?
 - c) Advising subordinates on difficult work problems;
Describe the types of difficult work problems encountered.
Provide examples of the guidance you provided?
 - d) Training and developing of staff;
What kinds of training did you conduct for your subordinates?
Describe your action plan for development of your staff.
 - e) Evaluating work performance of subordinate staff.
How often did you evaluate your subordinate staff?
What criteria did you use to evaluate performance?

C. Managerial Experience (2 years):

Experience which involved responsibility for identifying program goals and objectives and evaluating their attainment; identifying resource needs (man power, materials, equipment); planning, organizing and coordinating program activities to attain program objectives within time, resource and budgetary limitation; developing procedures; and actively participating in policy determination, budget formulation and execution.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing managerial duties;
- 3) Which department or section did you work in?
- 4) What were your **major** duties and responsibilities?
- 5) Provide details and examples of your experiences which clearly demonstrates possession of managerial experience. Include examples of the following:
 - a) Identifying program goals and objectives and evaluating attainment;
 - b) Identifying resource needs;
 - c) Planning, organizing and coordinating program activities to achieve program objectives within time, resource and budgetary limitations;
 - d) Developing procedures;
 - e) Active participation in policy determination, budget formulation and execution.

D. Administrative Aptitude Requirement:

Strong affirmative evidence of the necessary administrative aptitudes and abilities.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Which department or section did you work in?
- 3) What were your **major** duties and responsibilities?
- 4) Provide a detailed description of the duties you performed which demonstrates your administrative aptitude or potential, as applicable:
 - a) Involvement in planning, organizing, promoting, and directing a program, including policy and budgetary considerations;
 - b) Performance of work assignments in a manner which clearly indicates awareness of administrative problems and the ability to solve them;
 - c) Completion of educational or training courses in the area of administration accompanied by the application of the principles to work assignments;
 - d) Management's observation and evaluation of leadership and administrative capabilities;
 - e) Successful trail assignments to managerial and/or administrative tasks.

Note that the administrative aptitude is above and beyond the supervisory or managerial experience requirement.

FOR OPTION B:

A. Specialized Experience (4 years):

Work experience which demonstrates possession of knowledge of the Federal and/or State occupational safety and health laws, rules, regulations and standards. (See Minimum Qualification Specifications for examples of qualifying experiences)

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing specialized experience duties;
- 3) Which department or section did you work in?
- 4) What were your **major** duties and responsibilities?
- 5) Describe your experience in detail, including examples, which clearly demonstrates your knowledge of Federal and/or State occupational safety and health laws, rules, regulations and standards.

B. Supervisory and/or Staff Advisory Experience (3 years):

Supervisory: Work experience which included 1) planning, organizing, scheduling, and directing the work of others; 2) assigning and review their work; 3) advising them on difficult work problems; 4) training and developing subordinates; and 5) evaluating their work performance.

Staff Advisory: Work experience as a technical expert in a specialized area of occupational safety and/or health, performing advisory or consultative services to occupational safety and/or health specialist assigned to such activities as long-range planning, research, and development of specific occupational safety and/or health projects or programs.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent collectively performing Supervisory and/or Staff Advisory duties;
- 3) Which department or section did you work in?
- 4) What were your **major** duties and responsibilities?

- 5) Describe your **Official Supervisory Experience**. Include the following:
- a) Dates you officially provided formal supervision;
 - b) Number and job titles of those you supervised;
 - c) Planning, organizing, scheduling, and directing the work of others;
Describe your methods.
 - d) Assigning and reviewing work of subordinates;
How did you determine who would be assigned specific tasks?
How often did you review the work of your subordinates?
What did the review include?
 - e) Advising subordinates on difficult work problems;
Describe the types of difficult work problems encountered.
Provide examples of the guidance you provided?
 - f) Training and developing of staff;
What kinds of training did you conduct for your subordinates?
Describe your action plan for development of your staff.
 - g) Evaluating work performance of subordinate staff.
How often did you evaluate your subordinate staff?
What criteria did you use to evaluate performance?

6) Describe your **Official Staff Advisory** experience in occupational safety and health. Include the following experiences and provide relevant examples:

- a) Develop program plans
- b) Prepare budget estimates
- c) Review and evaluate quality of work processes and procedures
- d) Review and revise occupational safety and/or health standards and codes
- e) Advise and interpret standards for program managers
- f) Solve complex problems

C. Administrative Aptitude Requirement:

Strong affirmative evidence of the necessary administrative aptitudes and abilities.

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Which department or section did you work in?
- 3) What were your **major** duties and responsibilities?
- 4) Provide a detailed description of the duties you performed which demonstrates your administrative aptitude or potential as applicable:
 - a) Involvement in planning, organizing, promoting, and directing a program, including policy and budgetary considerations;
 - b) Performance of work assignments in a manner which clearly indicates awareness of administrative problems and the ability to solve them;
 - c) Completion of educational or training courses in the area of administration accompanied by the application of the principles to work assignments;
 - d) Management's observation and evaluation of leadership and administrative capabilities;
 - e) Successful trial assignments to managerial and/or administrative tasks.

Note that the administrative aptitude is above and beyond the supervisory or staff advisory experience requirement.

3. LICENSE REQUIRED for Option A and Option B

Do you currently possess a valid driver's license to drive in the State of Hawaii?

- Yes - Legible copy of valid driver's license included with application.
- No

4. SUBSTITUTIONS ALLOWED

Do you have education as stated in the Minimum Qualification Requirements to be substituted for experience?

- Yes - Legible copy of OFFICIAL transcript(s) or degree included with application.
- No

5. ADDITIONAL INFORMATION

Do you have any other information related to this position that you would like us to consider?

- Yes – Information submitted with application.
- No

6. How did you hear about this position? (optional)