

## STATE OF HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION HIOSH COMMITTEE

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

### Occupational Safety And Health Professional INSTRUCTION SHEET FOR EXPERIENCE FORM

#### **Instructions**

Please completely fill out the EXPERIENCE FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

#### **Delivery Information**

#### Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813 Phone: (808) 586-9116

#### Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division (808) 586-9104



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### Occupational Safety And Health Professional EXPERIENCE FORM

#### FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Applicant	Last		First	Middle	FILE NUMBER (OFFICE USE ONLY)
Date of Em	nlaumant			Employer	
Month /	,	Year	to Month / Day / Yea	Employer	
Employer A	ddress			,	Telephone ( <i>Include Area Code</i> ) ( )
Position Tit				Dates employed in this positi Month / Day / Year	to Month / Day / Year
Was this a ☐ Yes	full-time p ☐ No	osition?	Percentage of time spent in Occup	oational Safety & Health work	K%
Supervisor		Name		Title	
Describe di	ulles whic	n exhibit r	knowledge and familiarity with HIO	SH Standards.	
Date of Em	nlovmont			Employer	
Month /	,	Year	to Month / Day / Yea		
Employer A	ddress				Telephone ( <i>Include Area Code</i> )
Position Tit	le			Dates employed in this posit	ion
				Month / Day / Year	to Month / Day / Year
Was this a ☐ Yes	full-time p ☐ No	osition?	Percentage of time spent in Occup	oational Safety & Health work	<%
Supervisor		Name		Title	
Describe d	uties whic	h exhibit k	knowledge and familiarity with HIO	SH standards:	

## **EXPERIENCE FORM** Page 2 of 2

Date of Employment		Employer						
Month / Day / Year	to Month / Day / Yea	ar						
Employer Address			Telephone ( <i>Include Area Code</i> )					
Position Title	Position Title Dates employed in this position							
		Month / Day / Year	to Month / Day / Year					
Was this a full-time position?  ☐ Yes ☐ No	Percentage of time spent in Occup		%					
Supervisor Name		Title						
Describe duties which exhibit knowledge and familiarity with HIOSH standards:								
Date of Employment		Employer						
i . ,	, ,							
Month / Day / Year	to Month / Day / Yea	ar						
Employer Address			Telephone ( <i>Include Area Code</i> ) ( )					
Position Title		Dates employed in this position	· · · · · · · · · · · · · · · · · · ·					
		Month / Day / Year	to Month / Day / Year					
Was this a full-time position?	<del></del>		· · · · · · · · · · · · · · · · · · ·					
☐ Yes ☐ No	Percentage of time spent in Occup	<u> </u>	%					
Supervisor Name		Title						
Describe duties which exhibit	knowledge and familiarity with HIO	SH standards:						
D : (E )		<b>I</b> ⊢ .						
Date of Employment		Employer						
Month / Day / Year	to Month / Day / Yea	ar						
Employer Address		<u>.</u>	Telephone ( <i>Include Area Code</i> )					
Position Title		Dates employed in this position	,					
		Month / Day / Year	to Month / Day / Year					
Was this a full-time position?  ☐ Yes ☐ No	Percentage of time spent in Occup	pational Safety & Health work _	%					
Supervisor Name		Title						
Describe duties which exhibit knowledge and familiarity with HIOSH standards:								

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.