

APPLICATION FORM

Our goal, in addition to selecting candidates that are suitable and knowledgeable to serve on the advisory board, is to select members who bring a variety of skills and life experiences to the Department of Labor and Industrial Relations. The answers to the following questions will assist us in these efforts.

FULL NAME		TODAY'S DATE
PLEASE CHECK PREFERRED TITLE: <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. OTHER: _____		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS (Street Address, City, State, Zip Code)		HOME PHONE NUMBER
MAILING ADDRESS (If different from above)		BUSINESS PHONE NUMBER
DATE OF BIRTH	RESIDENCY IN HAWAII (Years)	CELLULAR PHONE NUMBER
SOCIAL SECURITY NUMBER	NAME OF SPOUSE	EMAIL ADDRESS

BOARD OR COMMISSION APPLYING FOR: **Hawaii Occupational Safety and Health Advisory Board**

EDUCATION

PROFESSIONAL EXPERIENCE *(Major employment record beginning with present to last employment)*

FROM (Year)	TO (Year)	
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL ORGANIZATION, HONORS, LICENSES, ETC.

COMMUNITY SERVICE *(Organizations; offices held; indicate past or present)*

MILITARY SERVICE RECORD *(Including awards, decorations, etc.)*

Are you currently serving on any public board or commission created by the State or any of its political subdivisions?
 If so, please state the name of the body and the date when your term expires.

Have you ever been sentenced for a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date of final discharge:
Offense: _____	_____

Please return: (1) a letter of interest, (2) this APPLICATION FORM, and (3) references to the Department of Labor and Industrial Relations, Office of the Director, 830 Punchbowl Street, Room #321, Honolulu, HI 96813.