

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 HAWAII 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 _____	From: _____
	Address _____	Month _____ Year _____
	Supervisor's Name and Title _____	To: _____
	Company Phone Number _____	Month _____ Year _____
	Company URL Internet Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Your Position Title and Duties _____	Average hours worked per week _____
	_____	Starting Salary \$ _____ Per _____
	_____	Ending Salary \$ _____ Per _____
	_____	Reason(s) for leaving _____
	_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

UNEMPLOYMENT INSURANCE SPECIALIST I – Oahu
Supplemental Questionnaire - Submit with Application

1. 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.

I acknowledge I have read and understand the above information.

May we send your eligibility determination letter by email?

YES email address: _____

NO Prefer hard copy by mail.

Unemployment Insurance Specialist I – Oahu, 16-103

Print Name

Signature

Date

An Equal Opportunity Employer

Name: _____

2. EDUCATION REQUIREMENT

Do you possess a bachelor's degree from an accredited four (4) year college or university?

 Yes No**If Yes**, you must submit a copy of your degree or a copy of an official transcript as verification.**3. SUBSTITUTION OF EXPERIENCE FOR REQUIRED EDUCATION**

Applicants who do not possess the required bachelor's degree may substitute appropriate administrative, professional, technical, analytical or investigative work experience as described on the job announcement.

If you would like us to consider appropriate experience in lieu of the required education, provide the following information.**A.** Employer, your job title, dates of employment, and number of hours worked per week.**B.** Describe this employer, the products or services provided, and clientele served.**C.** What was the **primary** function of your position? What were your **major** duties and responsibilities?**D.** Describe your experience, as they demonstrate your ability in each of the following areas. Be sure to describe your specific role, the steps you took, and provide relevant examples.

1. Read, analyze, and interpret complex written material. What kind of material did you work with? For what purpose? What steps did you take in your analysis? What was involved in the interpretation?
2. Gather and evaluate pertinent facts and information. What kind of information did you work with? For what purpose? What did you do with this information?
3. Solve complex problems. What kinds of problems did you solve? What steps did you take? Who did this involve?
4. Write clear and comprehensive reports. What kind of reports? What were the reports used for? How often did you do this? What happened as a result of your reports?

E. How did your responsibilities and authority differ from those of your supervisor?**4. ADDITIONAL INFORMATION**

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

 Yes No**If Yes**, attach to your application.

Name: _____

5. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be on file with the Department of Labor and Industrial Relations (DLIR) to complete your application. **Note: You must re-submit supporting documents to DLIR if they were submitted to the:**
1. City & County of Honolulu;
 2. Hawaii State Judiciary;
 3. Hawaii Department of Education;
 4. State of Hawaii - Department of Human Resources Development

Please select from one of the statements below:

- Supporting documents are attached.
- Supporting documents are forthcoming and will be mailed to: Department of Labor and Industrial Relations, 830 Punchbowl Street, Room 415, Honolulu, Hawaii 96813.

6. **How did you find out about this position?** (optional)

- Department of Labor and Industrial Relations website
- HireNet Hawaii
- University website
- University of Hawaii
 - Chaminade University
 - Hawaii Pacific University
- Referred by a family, friend, acquaintance, etc.
- Other: _____

*****SUBMIT SUPPLEMENTAL QUESTIONNAIRE WITH DLIR APPLICATION*****