



# STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS

Personnel Office

830 Punchbowl St., Room 415, Honolulu, Hawaii 96813

### GENERAL INSTRUCTIONS: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

#### 1. CITIZENSHIP STATUS.

The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

I acknowledge I have read and understood the above information.

#### 2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

Note: Veteran's Preference is only applicable for open-competitive recruitments.

If you are claiming Veteran's Preference, please scan and attach a copy of your DD-214 form and/or official statement from the Veterans Administration or armed forces to your application.

- None
- I am claiming 5 Veteran's Preference points and will submit a copy of my DD-214.
- I am claiming 10 Veteran's Preference points and will submit a copy of my DD-214 and/or official statement from the Veterans Administration (VA), as applicable.

If you are claiming U.S. Military Service, please complete the following:

A. Date Entered Service: \_\_\_\_\_

B. Date Separated From Service: \_\_\_\_\_

3. \_\_\_\_\_  
POSITION TITLE APPLYING FOR

4. \_\_\_\_\_  
RECRUITMENT NUMBER

5. NAME: \_\_\_\_\_  
Last First Middle

6. OTHER NAMES USED OR FORMER LAST NAME: \_\_\_\_\_

7. MAILING ADDRESS: \_\_\_\_\_  
P.O. Box or Number and Street

City State Zip Code

8. PHONE NUMBER: \_\_\_\_\_  
Home Other

#### 9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_ Date

\_\_\_\_\_ Original Signature of Applicant

**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.**

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

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

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

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

**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.

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.

**2. CLASS SPECIFICATIONS and MINIMUM QUALIFICATION REQUIREMENTS**

A link to access the complete Class Specifications and Minimum Qualification Requirements was provided in the vacancy announcement.

\_\_\_\_\_ **Please Initial to acknowledge** that you have accessed and read the complete Class Specifications and Minimum Qualification Requirements via the link provided in the vacancy announcement.

**Supervising Elevator Inspector – Oahu, 16-015**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

Name: \_\_\_\_\_

**3. EXPERIENCE / CERTIFICATION / LICENSE REQUIREMENTS:**

**A. EXPERIENCE REQUIREMENTS:** Do you have progressively responsible experience of the kind and quality and in the amounts shown below, or any equivalent combination of training and experience, as described below?

1. Five (5) years of progressively responsible experience as an elevator mechanic (may include experience in a four (4) year apprenticeship program and one (1) year post-apprenticeship experience?)

Yes  No

If Yes, **on a separate sheet**, identify each experience you would like us to consider. **All employers listed should also be listed on your application. Any information you submit may be verified.**

Describe in detail your specific duties as an elevator mechanic. Include the following information:

- Name of employer, dates of employment, and your job title in which experience was gained.
- Description of this employer, services provided and clientele served. Was this a federal, state or private company/office?
- What was the **primary function** of your position?
- What were your **major** duties and responsibilities?
- Describe your specific responsibilities in the construction or repair process.
- Describe the complexity of repairs done on the equipment.
- What was your **skill level** in this position (e.g. apprentice/helper; journey worker; supervisor)? How long were you at this level?

2. Satisfactory completion of two (2) years of college coursework in mechanical and/or electrical engineering; and one (1) year of progressively responsible experience as an elevator mechanic (may include experience in a four (4) year apprenticeship program)?

- I have completed two years of college coursework in mechanical and/or electrical engineer (if yes, submission of college transcripts or degree is required)

Yes  No

and -

- I have completed one (1) year of progressively responsible experience as an elevator mechanic.

Yes  No

Name: \_\_\_\_\_

If you answer yes above, **on a separate sheet**, identify each experience you would like us to consider. **All employers listed should also be listed on your application. Any information you submit may be verified.**

Describe in detail your specific duties as an elevator mechanic. Include the following information:

- Name of employer, dates of employment, and your job title in which experience was gained.
- Description of this employer, services provided and clientele served. Was this a federal, state or private company/office?
- What was the **primary function** of your position?
- What were your **major** duties and responsibilities?
- Describe your specific responsibilities in the construction and/or repair process.
- Describe the complexity of repairs done on the equipment.
- What was your **skill level** in this position (e.g. apprentice/helper; journey worker; supervisor)? How long were you at this level?

3. Would you like us to consider a comparable combination of mechanical or electrical trades training and/or experience as deemed acceptable by the National Association of Elevator Safety Authorities (NAESA) or any other organization accredited by ASME to certify qualified elevator inspectors?

Yes  No

**If Yes**, you must submit a legible copy of any training certifications and/or other proof of training.

B. **CERTIFICATION:** Do you possess a current Qualified Elevator Inspector (QEI) certification by an organization accredited by ASME to certify qualified elevator inspectors?

Yes  No

**If Yes**, submit a legible copy with your application.

The applicant selected must, within six (6) months from the date of hire, possess current certification as a qualified elevator inspector in accordance with the Hawaii Revised Statutes, Chapter 397. Such certification must be acquired within six (6) months of the appointment to the position.

\_\_\_\_\_ Please Initial to acknowledge your understanding of the certification requirement.

C. **SUPERVISORY APTITUDE:** Identify the employer and provide a detailed description of the duties you performed which demonstrated your supervisory aptitude or potential (e.g., involvement in planning, organizing, and directing the work of staff, etc.)

Name: \_\_\_\_\_

**D. LICENSE REQUIRED:** I understand if appointed to the position, I must possess a valid driver's license at the time of the appointment.

\_\_\_\_\_ Please Initial to acknowledge your understanding of the license requirement.

**E. ADDITIONAL INFORMATION:** Do you have any other information related to this position that you would like us to consider?

Yes  No

If Yes, submit with your application.

4. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted within five (5) days of submitting your application to the Department of Labor and Industrial Relations (DLIR), and must be received in order 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.

**5. 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: \_\_\_\_\_

**6. May we send your eligibility determination letter by email?**

YES email address: \_\_\_\_\_

NO Prefer hard copy by mail.