



**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.

<b>Your Present or Last Position</b>	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 Assistant VI, 17-025**  
**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**

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

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

Unemployment Insurance Assistant VI, 17-025

\_\_\_\_\_  
**Applicant Print Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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

**1. EDUCATION/EXPERIENCE:**

A high school diploma or equivalent **OR** experience requiring the ability to read, comprehend and apply written directions and a high degree of verbal skill in addition to the ability to make basic mathematical computations, including percentages and averages. This experience may be met from part-time and/or unpaid work. There must, however, be evidence that participation was on a continuous basis but not necessarily on a full-time normal work basis.

- Yes, I have a high school diploma or equivalent, or experience as described above.
- No, I do not have a high school diploma or equivalent, or experience as described above.

**2. GENERAL EXPERIENCE REQUIREMENT**

Do you have at least two (2) years of progressively responsible general office clerical work experience which involved some public contact as described in the job announcement?

- Yes     No

If **YES**, on a separate sheet, identify each experience you would like us to consider and provide the following information.

**All employers listed below should also be listed on your application. Treat each change in employer or position separately. The information for each employer should include:**

- A. Name of employer, your job title, and dates of employment.
- B. Your primary duties and responsibilities?
- C. Describe in detail your clerical experience.
- D. What percentage of time was spent on performing clerical tasks?
- E. Describe your public contact. Type of clients or people served, how frequently you dealt with them, and the purpose of your contact.
- F. Describe your experience, if any, in performing basic mathematical computations. Give examples.

In your descriptions, avoid the use of vague terms such as "processed," "handled," etc. and instead clearly describe the tasks you performed and the limits of your authority.

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

**3. SPECIALIZED EXPERIENCE REQUIREMENT**

Do you have at least three (3) years of progressively responsible work experience requiring the knowledge and application of Unemployment Insurance laws, rules, regulations and procedures?

Yes  No

If **YES**, on a separate sheet, identify each experience you would like us to consider and provide the following information.

**All employers listed below should also be listed on your application (you may submit additional pages, if needed). Treat each change in employer or position separately. The information for each employer should include:**

- A. Name of employer, your job title, and dates of employment.
- B. Your primary duties and responsibilities?
- C. Describe in detail your experience involving the application of unemployment laws, rules and regulations.
- D. What percentage of time was spent on performing these tasks?
- E. Describe the type of clients or people served, how frequently you dealt with them, and the purpose of your contact.

In your descriptions, avoid the use of vague terms such as "processed," "handled," etc. and instead clearly describe the tasks you performed and the limits of your authority.

**4. SUPERVISORY APTITUDE**

Do you have any supervisory experience or experience in which you have successfully completed regular or special assignments which involve some supervisory responsibilities or aspects of supervision, e.g., by serving as a group or team leader; or in similar work in which opportunities for demonstrating supervisory capabilities exist; or by the completion of training courses in supervision accompanied by application of supervisory skills in work assignments; and/or have you had favorable appraisals by a supervisor indicating the possession of supervisory potential?

Yes  No

If **YES**, on a separate sheet, identify each experience you would like us to consider.

**5. SUBSTITUTION OF EDUCATION FOR EXPERIENCE**

Do you have education as stated in the job announcement to be substituted for experience?

Yes  No

If **YES**, you must submit a copy of your official transcript as verification.

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

**6. 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.**7. SUPPORTING DOCUMENTS**

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.

Please select from one of the statements below if applicable:

 Supporting documents are included. Supporting documents are forthcoming and will be mailed to: Department of Labor and Industrial Relations, 830 Punchbowl Street, Room 415, Honolulu, Hawaii 96813.**8. 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: \_\_\_\_\_**9. May we send your eligibility determination letter by email?** YES - email address: \_\_\_\_\_ NO - Prefer hard copy by mail.