STATE OF HAWAIʻI
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. WORK AUTHORIZATION

A. Are you legally authorized to work in the United States? Yes ☐ No ☐

B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes ☐ No ☐

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. Labor Law Enforcement Specialist V
POSITION TITLE APPLYING FOR

4. 20-048
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

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. ***Note: Please ensure any text entered can be seen without scrolling.***

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 HAWAIʻI DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE APPLYING FOR: Labor Law Enforcement Specialist V

2. RECRUITMENT NUMBER APPLYING FOR: 20-048

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

DO NOT WRITE IN THIS SPACE

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.

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 HAWAIʻI 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 _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Do you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Reason(s) for leaving _____
_____
_____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Reason(s) for leaving _____
_____
_____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Reason(s) for leaving _____
_____
_____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Reason(s) for leaving _____
_____
_____
_____
_____
May we contact this employer? ☐ Yes ☐ No

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.

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.

The results of your screening will be sent to you via email.
Your email address: _____
Please write clearly and legibly

2. **CLASS SPECIFICATIONS and MINIMUM QUALIFICATION REQUIREMENTS**
The information provided in the job announcement represents a summary of the 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 have read the complete Class Specifications and Minimum Qualification Requirements via the link provided in the job announcement.

3. EDUCATION REQUIREMENT:

☐ I have a bachelor's degree from an accredited four (4) year college or university **Legible copy of degree of transcript included.**

☐ I have excess work experience as described under the Experience Requirements or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree.

(On a separate sheet, describe your work experience to support this statement and provide legible copy of transcripts to verify education if applicable)

4. SPECIALIZED EXPERIENCE REQUIREMENT:

Do you have three and one-half years (3 ½) of specialized experience, as detailed in the vacancy announcement of progressively responsible professional work experience which involved the application of labor laws and rules as a primary function, in performing investigations, and/or enforcing and promoting compliance with state laws and rules pertaining to wage and hour; wages and hours of employee on public works; payment of wages and other compensation; family leave; and child labor?

☐ 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 should also be listed on your application. Treat each change in employer or position separately.**

A. Name of employer, dates of employment, and your job title.
B. What was the **primary** function of your position? What were your **major** duties and responsibilities? What **percentage** of time was spent on performing these tasks?
C. Describe in detail your work experience in the following areas:
- **1.** Applying labor laws and rules
- **2.** Conducting investigations
- **3.** Enforcing and promoting compliance with state laws and rules pertaining to:
  - **a.** Wage and hour
  - **b.** Wages and hours of employees on public works
  - **c.** Payment of wages and other compensation
  - **d.** Family leave
  - **e.** Child labor

D. Describe your above work experience as it relates to the knowledge and application of pertinent State of Hawaii labor laws.

5. 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.

6. Supporting documents such as transcripts, driver's license, or professional licensure, **if applicable** 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:

☐ Supporting documents are attached.

☐ Supporting documents are forthcoming and will be mailed **within five (5) working days** to: Department of Labor and Industrial Relations, 830 Punchbowl Street, Room 415, Honolulu, Hawaii 96813.

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

☐ Department of Labor and Industrial Relations website

☐ Department of Human Resources Development website

☐ Referred by a family, friend, acquaintance, etc.

☐ Other: _____