



**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**

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

**ELEVATOR INSPECTOR I – 21-011**

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**

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.

### 3. PREREQUISITE KNOWLEDGE and ABILITIES

Do you possess **knowledge** of:

English; mathematics; basic electrical, electronic and circuit construction principles (e.g., voltage, current and resistance, series and parallel circuits, grounding); and basic mechanical principles as applied to structures, machines, pumps, mechanisms and the effects of traction on ropes and sheaves; terminology used in the elevator industry; and various types of equipment, their uses and limitations.

Yes       No

Do you possess **ability** to:

Read, comprehend, interpret, apply and explain pertinent laws, rules, policies, procedures, codes, standards, and other requirements; understand and apply electrical, electronic, circuit construction, and mechanical principles; read architectural and installation drawings and circuit diagrams; prepare simple reports; understand and follow oral and written instructions, and instructions presented in diagrammatic or schematic form; communicate and work effectively with other; and perform basic mathematical calculations (addition, subtraction, multiplication, division, percentages, fraction, etc.).

Yes       No

### 4. EXPERIENCE / CERTIFICATION 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/or

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

Yes  No

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. 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.

5. Supporting documents such as transcripts, 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.

Supporting documents are attached.

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

- Department of Labor and Industrial Relations website
- Department of Human Resources Development website
- Referred by a family, friend, acquaintance, etc.
- Other: \_\_\_\_\_

**Elevator Inspector I – Oahu, 21-011**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**