STATE OF HAWAIʻI

APPLICATION FOR CIVIL SERVICE POSITIONS

DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
Human Resources 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 Human Resources 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

Please answer both A and B below:

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. Unemployment Insurance Specialist I Temporary (NTE:6/30/22)
POSITION TITLE APPLYING FOR

4. 21-033, 21-049
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.

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: Unemployment Insurance Specialist I Temporary (NTE:6/30/22)

2. RECRUITMENT NUMBER APPLYING FOR: 21-033, 21-049

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

AUTHORIZATION CERTIFICATE FOR RELEASE OF EMPLOYMENT INFORMATION(ACREI)

Reference checks must be conducted for current and past employers before a conditional offer of employment can be made. Reference checks will not be conducted unless you are being strongly considered.

If reference checks are conducted, the present / most current employer will be contacted and if necessary, recent past employers may be contacted to reflect five years back from present. We will attempt to contact the supervisor noted below. However, if unavailable, we will attempt to reach another appropriate representative of the organization, such as a higher-level supervisor or the Human Resources Department. Your signature authorizes the employing program to contact current and/or previous employer(s) & supervisor(s). Declining may affect our ability to consider you fully.

I, _____, hereby authorize the release of information concerning my employment to the State of Hawaii, Department of Labor and Industrial Relations and Department of Human Resources Development*. I understand that the information will include but is not limited to: my period of employment, official job title and status, hours worked, job duties and responsibilities, reason for separation/termination, and re-hire status. Additional information such as performance, capabilities, work ethics, and reliability shall be important part in the decision to make an offer of state employment.

Date: _____

Applicant Name: _____

Organization Name: _____

Street Address: _____

City, State and Zip Code: _____

Supervisor Name and Title: _____

Supervisor Phone #: _____

Supervisor Email: _____

Organization/HR Phone#: _____

Applicant Signature: _____

* You may be contacted by Department of Human Resources Development for further information.

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Date: _____

Applicant Name: _____

Organization Name: _____

Street Address: _____

City, State and Zip Code: _____

Supervisor Name and Title: _____

Supervisor Phone #: _____

Supervisor Email: _____

Organization/HR Phone#: _____

Applicant Signature: _____

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Date: _____

Applicant Name: _____

Organization Name: _____

Street Address: _____

City, State and Zip Code: _____

Supervisor Name and Title: _____

Supervisor Phone #: _____

Supervisor Email: _____

Organization/HR Phone#: _____

Applicant Signature: _____

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Date: _____

Applicant Name: _____

Organization Name: _____

Street Address: _____

City, State and Zip Code: _____

Supervisor Name and Title: _____

Supervisor Phone #: _____

Supervisor Email: _____

Organization/HR Phone#: _____

Applicant Signature: _____

* You may be contacted by Department of Human Resources Development for further information.

UNEMPLOYMENT INSURANCE SPECIALIST I -Temporary (NTE: 6/30/2022) 21-033, 21-049
Supplemental Questions- 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 with the 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.

_____**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

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. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States.

4. 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 **on a separate sheet. Please do not submit a resume in place of completing the Supplemental Questions.**

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?

5. AUTHORIZATION CERTIFICATE FOR RELEASE OF EMPLOYMENT INFORMATION (ACREI)

Fill out Authorization Certificate for Release of Employment(ACREI) for your current and previous employments back **5 years**. Click the link below if you need additional forms.
https://labor.hawaii.gov/jobs/files/2020/11/ACREI-11.-2020F-1.pdf

☐ Yes, Authorization Certificate for Release of Employment Information for my current and previous employments back **5 years** are attached.

6. SUPPORTING DOCUMENTS

Supporting documents such as **official** transcript must be submitted at the time of application. (A photocopy of supporting document is acceptable, A printout from school system is NOT acceptable, e.g., UH STAR). Please note: When submitting a foreign degree, a Foreign Education Credential Equivalency Evaluation must be included for such education to be considered.

☐ Supporting documents are attached.

7. 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: _____

SUBMIT SUPPLEMENTAL QUESTIONNAIRE WITH DLIR APPLICATION