

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.**

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

DISABILITY COMPENSATION PROGRAM SPECIALIST II 24-026 _ Oahu
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.

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. If yes, you **must submit** a copy of your degree or an official transcript as verification, even if you have already done so. **If your college degree(s) are from other countries, you must submit foreign education credential evaluation** verifying comparability to education gained at a regionally accredited school in the U.S. Foreign degree without education credential evaluation will not be accepted.

I have excess specialized experience or other responsible administrative, professional, technical, or analytical work experience which provided knowledge, skills and abilities comparable to those acquired in four years of successful study while fulfilling a prescribed college curriculum. If yes, **on a separate sheet, describe your work experience to support this statement and provide legible copy of transcripts to verify education if applicable.**

4. GENERAL EXPERIENCE REQUIREMENT :

Do you have two-half (2 ½) year experience as detailed in the vacancy announcement of progressively responsible administrative, professional or technical work experience which involved analyzing, interpreting and evaluating technical material; solving technical, managerial or administrative problems by applying problem solving methods and techniques, such as defining and analyzing problems to identify issues involved, developing, weighing and proposing alternative courses of action, and recommending appropriate courses of action; and writing narrative reports in a clear and concise manner. Such experience must also demonstrate the ability to learn and apply technical principles, theories and techniques in the application and interpretation of laws, rules, regulations, policies and procedures; establish and maintain good working relationships with a wide range of individuals; speak well before others; follow oral and written instructions and determine and adhere to priorities?

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. Description of this employer. Was this a government agency, a private non-profit agency, etc.? What kinds of services did it provide? To Whom (describe clientele)?
- C. 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?
- D. For this employer, describe your experience in each of the following areas. Address each area separately. If 'none', so state. Include your specific role, the steps you took, and the results of your involvement. Give relevant examples that will clearly show the extent of your responsibilities.
 - 1) Analyzing, interpreting and evaluation technical material.
 - 2) Solving technical, managerial or administrative problems by applying problem solving methods and techniques, such as defining and analyzing problems to identify issues involved, developing, weighing and proposing alternative courses of action, and recommending appropriate courses of action.
 - 3) Writing narrative reports in a clear and concise manner.

5. SPECIALIZED EXPERIENCE REQUIREMENT :

Do you have two years of progressively professional work experience which demonstrated knowledge and application of laws, rules and regulations relative to disability compensation? Such experience must have provided the applicant with a knowledge of principles and concepts of wage loss replacement and indemnification; familiarity with medical terminology; and basic management principles.

 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 disability compensation.
- D. Describe in detail your knowledge of principles and concepts of wage loss replacement and indemnification; familiarity with medical terminology; and basic management principles.

For the Disability Compensation Program Specialist II level : Identify each experience you would like us to consider and provide the following information. If none, so state.

- A. Describe in detail your work experience in Workers' Compensation.
- B. Describe in detail your work experience in Temporary Disability Insurance.
- C. Describe in detail your work experience in Prepaid Health Care Insurance.

To receive credit, the name of employer(s), position title(s) and employment dates must be identified in your write up.

6. SUPPORTING DOCUMENTS

Supporting documents such as **official** transcript must be submitted at the time of application. (A photocopy of supporting document is acceptable. Downloaded grade reports are NOT acceptable, e.g., UH System – Campus Report, etc.,)

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: _____

Disability Compensation Program Specialist II – 24-026_Oahu

Print Name

Date