



# 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 _____ _____ 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

**SUPERVISING ELEVATOR INSPECTOR 23-084**  
**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 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. EXPERIENCE / CERTIFICATION / LICENSE 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 -

- 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. CERTIFICATION:** Do you possess a current Qualified Elevator Inspector (QEI) certification by an organization accredited by ASME to certify qualified elevator inspectors?

Yes  No

**If Yes, submit a legible copy with your application.**

Additionally, the applicant selected must, within six (6) months from the date of hire, possess a State of Hawaii certification as a qualified elevator inspector, in accordance with the Hawaii Revised Statutes, Chapter 397. Such certification must be acquired within six (6) months of the appointment to the position and is issued by the Department of Labor and Industrial Relations, Hawaii Occupational Safety and Health Division.

\_\_\_\_\_ Please Initial to acknowledge your understanding of the certification requirement.

#### 4. SELECTIVE CERTIFICATION – DRIVER’S LICENCE

Do you have a valid driver’s license to perform the tasks described in the vacancy announcement ?

Yes, **submit a legible copy of your driver’s license.**

No, I do not possess a valid driver’s license.

#### 5. SUPPORTING DOCUMENTS

Supporting documents such as **official** transcript, training certifications must be submitted at the time of application. (A photocopy of supporting documents is acceptable, A printout from school system is NOT acceptable, e.g., UH Campus System)

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.

**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: \_\_\_\_\_

\*\*\*SUBMIT SUPPLEMENTAL QUESTIONS WITH DLIR APPLICATION\*\*\*

**Supervising Elevator Inspector Oahu, 23-084**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**