

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. _____

Occupational Safety and Health Program Specialist IV – Oahu, 25-011
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

CLASS SPECIFICATIONS and MINIMUM QUALIFICATION REQUIREMENTS

Links to access the complete Class Specifications and Minimum Qualification Requirements were provided in the job announcement.

_____ **Please initial to acknowledge** that you reviewed the Class Specifications and Minimum Qualification Requirements via the links provided in the job announcement.

2. GENERAL EXPERIENCE REQUIREMENT

Four (4) years of progressively responsible administrative, professional, technical, or other responsible work which requires a high degree of analytical skill. Such experience would normally involve reading, comprehending, interpreting, and evaluating technical subjects, analysis or proposals, and applying problem solving methods and techniques, such as defining and analyzing problems, identifying and gathering appropriate facts, calculating alternative courses of action, and recommending courses of action.

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. The information for each employer should include:

- 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?
- C. Describe in detail how your work experience meets the general experience requirement. Please be specific and include examples of your duties and responsibilities which clearly demonstrates your knowledge, skills and abilities as it relates to the requirement as defined above.

Please Do NOT submit a resume in place of completing the Supplemental Questions.

3. OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE REQUIREMENT

Two and one-half (2-1/2) years of work experience which demonstrates possession of knowledge of the Federal and/or State OSH laws, rules, regulations, and standards. (Refer to the Minimum Qualification Specifications for possible qualifying experiences.)

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. The information for each employer should include:

- 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?
- C. Describe in detail your work experience which demonstrates your knowledge of Federal and/or State OSH laws, rules, regulations and standards in the following areas. If no experience, so state. Please be specific and include examples of your duties and responsibilities which clearly demonstrates your possession of knowledge as it relates to the OSH experience requirement.
 - a) Inspecting work sites and/or environment for compliance with OSH laws, rules, and regulation; identifying hazards and suggesting and/or taking necessary corrective actions; and conducting occupational accident investigations.
 - b) Inspecting elevators and related equipment such as escalators, moving walks, lifts, etc., for compliance with OSH laws, rules, and regulations.
 - c) Inspecting boilers, pressure vessels, and other related equipment for compliance with safety code requirements such as design, construction, installation, operation and maintenance.
 - d) Experience in an occupational safety and/or occupational health program which involved the preparation and teaching of occupational safety and/or health courses on the application of OSH laws, rules and standards.
 - e) Experience in an occupational safety and/or health program which involved the provision of advisory, informational, and educational services to public and private agencies, promoting voluntary compliance with OSH laws, rules and standards.

- f) Experience in an occupational safety and/or occupational health program which involved laboratory analysis and interpretation of data and samples to determine whether health hazards exist for means of eliminating health hazards and for compliance with occupational health standards.

Please Do NOT submit a resume in place of completing the Supplemental Questions.

4. SUBSTITUTIONS ALLOWED

Do you have education as stated in the Minimum Qualification Requirements to be substituted for experience?

Yes No

If yes, you must submit a legible copy of your official transcript.

5. 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.

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: _____

Application must be signed. Applications submitted without signature may not be considered.

Occupational Safety and Health Program Specialist IV Oahu, 25-011

Print Name

Date