



# STATE OF HAWAII

## 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. \_\_\_\_\_  
**POSITION TITLE APPLYING FOR**

4. \_\_\_\_\_  
**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

**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

**TEMPORARY DISABILITY INSURANCE/HEALTH CARE SPECIALIST IV (III, II) - Oahu, 26-060**  
**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. JOB LEVELS APPLYING FOR:

Indicate all levels for which you wish to be considered

- Temporary Disability Insurance/Health Care Specialist IV
- Temporary Disability Insurance/Health Care Specialist III
- Temporary Disability Insurance/Health Care Specialist II

### 4. 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 considered.

I have excess general or 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. **On a separate sheet, describe your work experience to support this statement and provide legible copy of transcripts to verify education if applicable.**

### 5. GENERAL EXPERIENCE REQUIREMENT:

Do you have one-half (1/2) year experience as detailed in the vacancy announcement of progressively responsible professional or other analytical work experience which involved fact-finding, analysis and evaluation to determine eligibility, compensability and other benefits due; the interpretation and application of relevant laws, rules and regulations; and dealing effectively with claimants and others to elicit information orally and in writing?

- 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. 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. Description of this employer, services provided and clientele served. Was this a federal or state office?
  - C. What was the **primary** function of your position? What were your **major** duties and responsibilities?
  - D. Describe in detail how your work involved fact-finding, evaluating and analyzing facts and other pertinent information.
  - E. Describe in detail how your work involved interpreting and applying relevant laws, rules and regulations to determine appropriate courses of action and recommending courses of action.
  - F. Describe in detail your experience in dealing with individuals to elicit information orally and in writing.
- Please Do NOT submit a resume in place of completing this Supplemental Questions.**

**6. SPECIALIZED EXPERIENCE REQUIREMENT:**

Do you have the required number of years of work experience for the level(s) in which you are applying as detailed in the vacancy announcement of progressively responsible administrative, professional or other analytical work which demonstrated possession of knowledge and application of the Temporary Disability Insurance and/or Pre-paid Health Care laws, rules and regulations and which involved analyzing, explaining, applying and interpreting those laws, rules and regulations, and pertinent rulings, precedents, and related criteria, and provided the knowledge and abilities as described above?

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?  
 C. Describe in detail your work experience in Temporary Disability Insurance and Pre-paid Health Care.  
**Please Do NOT submit a resume in place of completing this Supplemental Questions.**

**7. SUPPORTING DOCUMENTS**

Supporting documents such as **official** transcript must be submitted at the time of application. (Photocopy of supporting document is acceptable, Printout from school system is NOT acceptable, e.g., UH System Campus Report, and/or proof of education downloaded through the internet)

**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.

**8. 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.**

Temporary Disability Insurance/Health Care Specialist IV (III, II) - Oahu, 26-060

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date