

COMPETITIVE INTERNAL RECRUITMENT

DEPARTMENT OF HUMAN SERVICES

Human Resources Office / RES
P.O. Box 339, Honolulu, Hawaii 96809-0339



FOR OFFICIAL USE ONLY
DEPARTMENTAL HR STAFF
TO SELECT CATEGORY.

☐ Internal Recruitment
☐ _____

RECEIVED DATE/TIME STAMP

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.

- This application form shall be used by employees who have gained membership in the civil service when applying for a permanent or temporary, civil service position within this department.
- 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. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER

3. NAME: _____
Last First Middle

OTHER
NAMES USED
OR FORMER
4. LAST NAME: _____

MAILING
5. ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

E-MAIL
6. ADDRESS: _____

PHONE
7. NUMBER: _____
Home Other

8. 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

For Human Resources Office Use Only:

COMPETITIVE INTERNAL RECRUITMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 9 through 18 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.

9. 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 9A or 9B, please explain in detail in item #10 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.)

10. _____

11. 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 #12 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.)

12. _____

13. 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 #14 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.)

14. _____

15. 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 #16 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.)

16. _____

17. 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 17, please explain in detail in item #18 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

18. _____

**STATE OF HAWAI'I DEPARTMENT OF HUMAN SERVICES
COMPETITIVE INTERNAL RECRUITMENT**

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**DEPARTMENTAL HR STAFF
TO SELECT CATEGORY.**

☐ Internal Recruitment

☐ _____

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER APPLYING FOR: _____

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

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	

**DO NOT
WRITE
IN THIS
SPACE**

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.

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

Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____	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 _____ _____ _____ _____ _____
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	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
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Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____	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 _____ _____ _____ _____
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No