# STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

#### DEPARTMENT OF THE ATTORNEY GENERAL

Human Resources Office 425 Queen Street Honolulu, Hawaii 96813

	CLAND ONLY L PERSONNEL STAFF CT CATEGORY.
☐ Exempt	☐ TAOL
☐ 89 Day	

RECEIVED DATE/TIME STAMP

#### GENERAL INSTRUCTIONS TO APPLICANT: 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 Personnel Office above.
- This application form is to be used for non-civil service appointments.
- 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.

4					
1.		DOCUMENTON MY	TOTAL A DE	NAMES OF STREET	
		POSITION TI	IILE APP	LYING FOR	
2					
<i>z</i> .	DE	CDITTMENT NU	ARFD or	POSITION NUMBI	7 <b>D</b>
	KE	CKUIIWIENI NUN	IDEK UI	I OSITION NUMBI	2K
3.	NAME:				
٥.					
		,	T	3 6' 1 11	
	La	ast	First	Middle	
	OTHER NA	MES			
	SED OR FOR				
4	SED OK FOR	WIEK			
4.	LAST NA	AME:			
	MAILING				
J• 1	ADDRESS:				
		P.O. Box	or	Number and Stre	et
	City		State	2	Zip Code
	- ",				1
	EMAIL				
_	E-MAIL				
6.	ADDRESS:_				
	PHONE				
7.	NUMBER:				
	· —	Home		Other	

#### 8. 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

#### 9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

## CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. 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 NON-CIVIL SERVICE APPOINTMENT

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.

DIGMICCAL C EDOM EMBLOVMENT AND/OD DIGHONOD A DLE CEDAD ATIONIC EDOM MILITADY CEDAUCE

	Within the past five years, were you:  A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?			. NO
	B) Separated from military service under conditions other than honorable?	YE	S	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.	1 0 /1			
12.	WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES?	YE	S	□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.)			
14.	HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? (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.)		S	□NO
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?  (If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the s board or organization that suspended or revoked your license; the circumstances of the suspension or revo and any other relevant information you wish to provide.)	pecific	S	□NO
18.	SETTLEMENTS OR AGREEMENTS  Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Progra or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i?  (If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your sett or restriction from applying with the State of Hawai'i.)	YES	S	□N(

# STATE OF HAWAI'I DEPARTMENT OF THE ATTORNEY GENERAL EDUCATION AND EMPLOYMENT HISTORY STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

. POSITION TITLE APPLYING FOR:		IL SERVICE APPO	JIN I WEN I	STAFF TO SELECT CATEGORY  Exempt TAOL  89 Day
As required by federal and/or state laws, we do not disc on the basis of age, sex (including gender ide expression), religion, race, color, ancestry, national disability, marital status, veteran's status, sexual orient arrest and court record, citizenship, genetic information other protected characteristic. The State of Hawai'i is opportunity employer and complies with applicable state federal laws relating to employment practices.  8. EDUCATION HISTORY: When verification is required, the defort the training and/or your application may be considered incomplete.	eriminate ntity or l origin, entation, on or any an equal state and		Home he application. If not, y	r and Street  e Zip Code  Other  ou may not receive credit trigtly in the evaluation of
A. NAME AND LOCATION (city and state) of last grade schoo (School name/type)  Did you graduate? Yes No If no, what grade level depth you receive a GED? Yes No	l attended: (elen	nentary, intermediate or high (City/State/Country	n school)	m may be verified. SPA
B. TRAINING: In-service training, business, trade, armed forces, co	ollege or univers	ity, graduate of professional s	chools.	
NAME & ADDRESS		Course or Major Field of Study	Number of Credits or Hours Completed Semester Quarter	Kind of Degree, Diploma or Certificate Received
. LICENSES, CERTIFICATES, OTHER QUALIFICATI  A. DRIVER'S LICENSE: Yes, I have a valid driver's license.  No, I do not have a driver's license a driver's license.  B. OTHER LICENSES OR CERTIFICATES: Please indicate evidence is required, please submit a photocopy or present for very	nse or I am able ense and/or I am the kind, registr	not interested in being cons	sidered for positions v	which require
C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLIST language and check the appropriate block(s). Some positions requite to speak, read, and/or write in a language other than English.  LANGUAGE SPEAK READ	ire the ability	D. SPECIAL QUALIFICA or scientific societies, hon do not submit unless reque	ors, awards, fellowshi	

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL

## EDUCATION AND EMPLOYMENT HISTORY STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. EXPERIENCE: Please type or print legibly in 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.

Do not submit a resume in place of completing this page.

Present or Last Position	Employer	Average hours worked per week		
Your	Do you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No		
S C C	mployer	Average hours worked per week		
E: A Si	id you supervise?	May we contact this employer? Yes No  From: To: Full Time PartTime Volunteer  Average hours worked per week		
Y	id you supervise? Yes No If yes, how many employees?	Reason(s) for leaving		
A Si C	mployer	From:  Month Year  To:  Full Time Part Time Volunteer  Average hours worked per week Reason(s) for leaving		
_ _ D	id you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No		