

County of Hawai'i
Department of Human Resources
 Aupuni Center
 101 Pauahi Street, Suite No. 2
 Hilo, Hawai'i 96720-4224

Telephone: (808) 961-8361
 Text telephone: (808) 961-8619
 Job Hotline: (808) 961-8618 Fax: (808) 961-8617
www.co.hawaii.hi.us

e-mail inquiries: jobs@co.hawaii.hi.us

APPLICATION FOR EMPLOYMENT

Recruitment open to everyone, residents of the State of Hawai'i and non-residents

-INSTRUCTIONS-

- Type or print legibly in ink.
- Fill out both sides carefully and completely.
- The information you provide will determine whether you meet the minimum qualification requirements on the recruitment announcement. All information provided is subject to verification.
- Your failure to properly fill out this application may result in your disqualification.
- Notify us of any changes in your address or telephone numbers. We will not be responsible for any mail or correspondence which does not reach you.

CITIZENSHIP: Check the appropriate box below.
 (Note: Applicants must be citizens, nationals or permanent resident aliens of the United States or have authorization to work in the United States.)

- A. Citizen of the U.S.
- B. National of the U.S.
- C. Permanent Resident Alien of the U.S.
- D. Other:

Are you authorized to work in the U.S.?

Yes _____ No _____

For Police Officer I recruitment only:

Are you at least 21 years of age? Yes No

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 County of Hawai'i.

Date

Signature of Applicant

JOB APPLYING FOR

RECRUITMENT NUMBER

LEGAL NAME:

 First Middle Last

Social Security No.: _____
 (Voluntary disclosure - number is needed to track your application in our computer system and is kept confidential.)

MAILING ADDRESS:

 Street or P.O. Box

 City State Zip Code

TELEPHONE:

() _____ () _____
 Home Business

() _____ _____
 Cell E-mail Address (optional)

VETERAN'S PREFERENCE:

I claim:

None

5 points – I am submitting a copy of my DD-214 Form

10 points – I am submitting a copy of my DD-214 Form indicating receipt of a Purple Heart award, and/or an official statement from the Veteran's Administration or armed forces. (Eligible spouses or widows applying for veteran's preference must also submit appropriate documentation.)

DO NOT WRITE IN SPACES BELOW

	RS	CS	Score
WT			
T&E			
PT			
Accepted			VP
Not Accepted			FS
ID # _____			

LEGAL NAME:

EDUCATION & SPECIAL TRAINING: Attach copies of diplomas, certificates, transcripts, etc. required for this position. Refer to recruitment announcement for requirements.

Have you graduated from high school or received a high school equivalent diploma? Yes No If no, indicate highest grade completed _____.

Name and location of high school _____

BUSINESS, TRADE, ARMED FORCES, COLLEGE, UNIVERSITY, GRADUATE, AND PROFESSIONAL SCHOOLS

NAME OF SCHOOL	ADDRESS (CITY, STATE)	Total Credit Hours Completed	Major Course of Study	Graduated		Type of Degree or Cert
				Yes	No	

If required on recruitment announcement, CHECK ONE: College Transcript is Attached Being Obtained

LICENSE: List any licenses, registrations, or certificates that you possess which are required for this position. (Attach copies with your application – refer to recruitment announcement.)

Driver's License	Class Code	Expiration Date

Certificate(s):

EMPLOYMENT EXPERIENCE

INSTRUCTIONS: Begin with your present employment or last job held and list all full-time, part-time, volunteer and military experience. Describe in detail nature of work personally performed by you. Be sure to list each change in title or promotion separately if your duties and responsibilities changed while working for the same employer.

May we check your employment record with your present and former employers? Yes NO

Present or Last Position	Employer	From	mo.	/yr.	
	Address	To	mo.	/yr.	
	Name & Title of Immediate Supervisor	Total	_____		
	Your Title		Years	Months	
	Duties:	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
		Av Hrs per Wk	_____		
		Salary	_____		
			(First	Last)	
	Reason for leaving:	_____			

Employer	From	mo.	/yr.	
Address	To	mo.	/yr.	
Name & Title of Immediate Supervisor	Total	_____		
Your Title		Years	Months	
Duties:	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	Av Hrs per Wk	_____		
	Salary	_____		
		(First	Last)	
	Reason for leaving:	_____		

Employer	From	mo.	/yr.	
Address	To	mo.	/yr.	
Name & Title of Immediate Supervisor	Total	_____		
Your Title		Years	Months	
Duties:	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	Av Hrs per Wk	_____		
	Salary	_____		
		(First	Last)	
	Reason for leaving:	_____		

If more space is required, fill out a blank sheet using same format and attach to this form.

COUNTY OF HAWAI`I
DEPARTMENT OF HUMAN RESOURCES

APPLICANT DATA SURVEY

The following information is requested by the Federal Government in order to monitor the County of Hawai`i compliance with Title VI of the Civil Rights Act of 1964. The information regarding race, color, or national origin (ethnicity) designation is requested in order to assure the Federal Government that County of Hawai`i complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so by placing an x in the appropriate box below that describes you. If you do not wish to furnish the requested information, please indicate below.

Position applying for: _____

Recruitment Number: _____

How did you find out about this recruitment? (Check only one)

- Job Hotline
- Newspaper Ad
- Radio
- TV
- County's Internet Webpage
- Internal departmental posting
- School/University
- Friend/Relative
- Other (please specify) _____

I do I do not wish to provide the following information:

Gender: Male Female

Ethnic Background: Please review all categories listed below. Determine the category, which you believe best represents your ethnic background. Check **one** box only.

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> African American | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic or Latino (includes Spanish, Cuban, Mexican, Puerto Rican, Central/South American) |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Part-Hawaiian | <input type="checkbox"/> South Pacific Islander (includes Micronesian, Tongan, Melanesian, Samoan, Tahitian, and other Polynesian descent) | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other _____
(please specify) | | |

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