



CAREER OPPORTUNITY

State of Hawaii, Department of Human Services
1390 Miller Street Honolulu, Hawaii 96813



Opening Date:
March 15, 1999
(Revised November 13, 2013)

03386:051812:13

Continuous Recruitment Until Needs Are Met

DISABILITY CLAIMS SPECIALIST II – RECRUITMENT NO. DHS 99-1
DISABILITY CLAIMS SPECIALIST III – RECRUITMENT NO. DHS 99-2
OAHU (MAKIKI-KAPIOLANI) EMPLOYMENT ONLY

3,379.00 - \$3,798.00 (SR-18, Step C to F) per month
\$3,651.00 - \$4,109.00 (SR-20, Step C to F) per month
Note: Hiring Rates will be based on availability of funds,
the applicant's qualifications and other relevant factors

JOB DUTIES:

Disability Claims Specialist II: Perform the review and certification on claims involving disabled persons with impairments for which the application of the standards for total disability under the program range from the simple to the moderately complex; and perform other duties as required.

Disability Claims Specialist III: Perform the examination and adjudication on claims filed by disabled persons with impairments for which the application of the standards of total disability established for the program range from the simple to the most complex; and perform other duties as required.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENT:

Level II: To qualify, you must meet the education and general experience requirement as described below.

Education Requirement: Graduation from an accredited four (4) year college or university with a bachelor's degree.

General Experience Requirement: One year of professional experience in interviewing, investigating, claims examining or related experience which involved securing, reviewing and/or verifying information needed to determine eligibility for benefits such as unemployment insurance, workers' compensation, social security, retirement, etc. The experience must have involved the analysis, explanation, application, or interpretation of laws, regulations, rulings, policies, procedures, precedents, or other kinds of criteria. Such experience must have provided the applicant with the principles and practices of interviewing and the ability to deal effectively with others, prepare clear and concise reports, and identify the facts pertinent to the case and review, analyze and evaluate them. In addition, the experience or the overall background of the applicant must indicate possession of knowledge of sources of information on physical and mental requirements of different occupations and job opportunities.

Level III: In addition to meeting the education and general experience requirements for the II level, one year of the following specialized experience is required.

Specialized Experience Requirement: One year of progressively responsible professional experience in the review, adjudication, and authorization of claims for payment of disability benefits to individuals in accordance with appropriate laws and regulations. The experience must have provided the applicants with knowledge of principles and practices of interviewing, concepts and technical aspects of disability claims program, physical and mental requirements of a variety of occupations, medical terminology and the effect of varied disabilities; and ability to work effectively with others, evaluate and analyze facts to arrive at sound decisions, prepare clear and concise reports, exercise lay medical judgment, and speak to groups. Such experience may have been gained in one or a combination of the following ways: (1) disability claims examiner in Federal or State disability assistance programs; (2) experience in a Federal or State workers' compensation program; (3) experience in a Federal or State agency, or in an insurance company administering a disability and/or death compensation program or disability insurance program; or (4) experience in government or private industry in a disability retirement or disability pension program.

Substitutions For Education: The following types of experience may be substituted for education on a year for year basis:

- A. Excess work experience of the type and quality described in the Specialized Experience above.
- B. Any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree.

Substitution for General Experience: Excess Specialized Experience of the type and quality described above may be substituted for General Experience on a year-for-year basis.

HOW TO APPLY:

1. Applications are available at the Department of Human Services - Personnel Office or at <http://humanservices.hawaii.gov/employment-opportunities/>, the State Recruiting Office, County Departments of Personnel, Work Force Development Offices, Lanai Public Library, Bond Memorial and Kealakekua Public Libraries on the island of Hawaii.

2. Complete and return all forms to the Department of Human Services, Personnel Office, 1390 Miller Street, Room 202, Honolulu, Hawaii, 96813. Your application may be rejected if the required documentation as identified below is not submitted at the time of application. A legible photocopy of your application with current information and an **original signature** will be accepted.
3. On the "Employment Availability Information" form (DHS P6) you must check Downtown (Makiki-Kapiolani) as your geographical availability.

REQUIRED FORMS/DOCUMENTATION:

Submit the following items with your application or your application may be rejected.

1. Evidence of the appropriate training (e.g. transcripts or diploma) to be given credit for education. A photocopy will be accepted; however, the Department of Human Services reserves the right to request for an official copy.
2. The Disability Claims Specialist Supplemental Form.

TESTING INFORMATION: The examination for this recruitment will be conducted on an unassembled basis where the examination score is based on an evaluation and rating of your education and experience. Therefore, it is important that your employment application provide a clear and detailed description of the duties and responsibilities of each position you held.

QUALITY OF EXPERIENCE: Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours you worked per week.

NOTE: The Department of Human Services will not withhold the referral of names of eligibles for employment consideration because of your failure to provide accurate and complete information concerning your qualifications.

EXAMINATION: Unless otherwise specified in this announcement, you must qualify on an appropriate examination designed to measure your knowledge and skills necessary for satisfactory performance of the duties and responsibilities of this class of work. If you are required to report for a written, oral and/or performance test, you will be notified at a later date of the time and place of the examination.

If you must take an examination but require special accommodation, please call 586-4950 (v/t) as soon as possible. You should be prepared to provide medical proof of your need for accommodation by a professional who is qualified to make a diagnosis.

EQUAL EMPLOYMENT OPPORTUNITY: Federal and State laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable State and Federal laws relating to employment practices.

MERIT CIVIL SERVICE SYSTEM: The employment of persons in civil service, as defined by State law, is governed by the merit principle. Applicants must meet the minimum qualification requirements of the position being sought, including all education, experience, and other public employment requirements for State Service employment. It is the applicant's responsibility to provide complete information. The information submitted may be verified. Applicant's must meet the requirements and qualify on appropriate employment related tests to be eligible for employment consideration.

CITIZENSHIP REQUIREMENT: You must be a citizen, permanent resident alien, or national of the United States. Non-citizens with unrestricted employment authorization from the U.S. Citizenship and Immigration Service may also apply.

HAWAII STATE RESIDENCY REQUIREMENT: Persons who are nonresidents of the State of Hawaii will have thirty (30) days from the date they begin their State employment to become Hawaii residents. While an employee of the State of Hawaii, they must maintain their Hawaii residency.

VETERAN'S PREFERENCE POINTS: (Open Competitive Recruitment Only). To receive 5 Veteran's Preference Points, an applicant must submit a copy of the DD214 (Member 4) verifying dates of honorable service. To receive 10 Veteran's Preference Points, submit a copy of an official statement/letter from the U.S. Department of Veteran Affairs or armed services dated within the past 12 months which confirms your qualification to receive 10 points preference.

CRIMINAL HISTORY RECORD CHECK: Individuals who are recommended for hire are required to undergo a criminal history record clearance and other checks, as applicable.

PHYSICAL/MENTAL REQUIREMENTS: Applicants must be able to physically and mentally perform the duties of the position efficiently and safely, with or without reasonable accommodation.

REASONABLE ACCOMODATION: Applicants with special needs should contact our office during business hours at (808) 586-4981 at the time of application.

HOW TO FILE: Applications should be submitted in person or by mail to:

Department of Human Services
1390 Miller Street, Room 202
Honolulu, Hawaii 96813

WHEN TO FILE: File applications immediately. Mailed applications and supplemental materials should be postmarked by midnight of the last day to file applications. For positions indicating *Continuous Recruitment Until Needs Are Met*, the last day to file applications will be posted in the Personnel Office at the address listed above.

NOTIFICATION: You will be notified, in writing, of your employment eligibility.

INTERNAL COMPLAINT AND APPEAL:

Internal Complaint: If you do not agree with an action taken on your application, you may file an internal complaint. This must be done by submitting the Department of Human Services Internal Complaint Form, DHS9005 to the Department of Human Services, Personnel Office within seven (7) working days after the date of the notice. A review will not be conducted if you do not file your complaint within the seven (7) working day limit.

Appeal: If you do not agree with the internal complaint decision or action taken by the Department of Human Services, you may appeal to the State Merit Appeals Board within 20 days from the date of your notice. Persons wishing to file an appeal with the Merit Appeals Board must first complete the Internal Complaint process.

Initiating the internal complaint or appeal process shall not suspend or delay the referral of other qualified internal, non-competitive or external, open-competitive applicants, or cause the suspension or reversal of completed applicant selection and appointment(s).

An Equal Opportunity Employer



STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

DEPARTMENT OF HUMAN SERVICES

Personnel Office / RES

P.O. Box 339, Honolulu, Hawaii 96809-0339

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 Personnel 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. CITIZENSHIP STATUS.

The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

I acknowledge I have read and understood the above information.

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 HUMAN SERVICES
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.

Your Present or Last Position	Employer _____	From: _____	Month	Year	
	Address _____	To: _____			
	Supervisor's Name and Title _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
	Company Phone Number _____	Average hours worked per week _____			
	Company URL Internet Address _____	Starting Salary \$ _____ Per _____			
	Your Position Title and Duties _____	Ending Salary \$ _____ Per _____			
	_____	Reason(s) for leaving _____			
	_____	_____			
	_____	_____			
	Do 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 _____	From: _____	Month	Year	
Address _____	To: _____			
Supervisor's Name and Title _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Company Phone Number _____	Average hours worked per week _____			
Company URL Internet Address _____	Starting Salary \$ _____ Per _____			
Your Position Title and Duties _____	Ending Salary \$ _____ Per _____			
_____	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 _____	From: _____	Month	Year	
Address _____	To: _____			
Supervisor's Name and Title _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Company Phone Number _____	Average hours worked per week _____			
Company URL Internet Address _____	Starting Salary \$ _____ Per _____			
Your Position Title and Duties _____	Ending Salary \$ _____ Per _____			
_____	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 _____	From: _____	Month	Year	
Address _____	To: _____			
Supervisor's Name and Title _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Company Phone Number _____	Average hours worked per week _____			
Company URL Internet Address _____	Starting Salary \$ _____ Per _____			
Your Position Title and Duties _____	Ending Salary \$ _____ Per _____			
_____	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			

Name _____

DISABILITY CLAIMS SPECIALIST SUPPLEMENTAL FORM

In order to evaluate your qualifications for the position of Disability Claims Specialist, complete this form and submit it with your application. Complete a separate form for each position where you gained the relevant experience as described below. Complete a separate form for each change in title, promotion, or if your duties changed significantly. In your descriptions, avoid vague and ambiguous terms such as "was responsible for," "handled," "processed," etc. Instead, use specific language that clearly shows the exact nature of the tasks you performed and the extent of your involvement. Duplicate this form or attach additional sheets as needed.

SECTION I: EDUCATION REQUIREMENT

Do you possess a bachelor's degree from an accredited university?

YES _____ Complete 1, then proceed to Section II.

NO _____ Complete 2, then proceed to Section II.

1. Name of University _____

Dates Attended: From _____ To _____
month/year month/year

Degree: _____ Field of Study: _____

Note: In order to be given credit for education, you must submit a copy of your diploma or transcripts to verify your degree and/or courses at the time of application.

2. Do you possess four years of administrative, professional, investigative, or analytical work experience which required a high degree of analytical skill?

YES _____ Complete 3, then proceed to Section II.

NO _____ Proceed to Section II.

3. For each position you are claiming the experience described above, complete 3a - 3g. Complete a separate form for each change in title, promotion, or if your duties changed significantly. Duplicate this form or use additional sheets as necessary.

a. Name of Employer: _____

b. Dates of employment: From _____ To _____
month/year month/year

c. Average number of hours worked per week: _____

d. Position Title: _____

e. Name(s) and title(s) of your supervisor(s): _____

f. Number and title(s) of the people you supervised: _____

g. Give a detailed description of your duties and responsibilities, including a breakdown of the average number of hours per week spent performing each of your duties and responsibilities. Duplicate this form or use additional sheets as necessary.

SECTION II: GENERAL EXPERIENCE REQUIREMENT

Professional experience in interviewing, investigating, claims examining or related experience which involved securing, reviewing and/or verifying information needed to determine eligibility for benefits such as unemployment insurance, workers' compensation, social security, retirement, etc. The experience must have involved the analysis, explanation, application, or interpretation of laws, regulations, rulings, policies, procedures, precedents, or other criteria and have provided you with the knowledge of principles and practices of interviewing and the ability to deal effectively with others, prepare clear and concise reports, and identify, review, analyze and evaluate the facts pertinent to the case. In addition, the experience or the overall background of the applicant must indicate possession of knowledge of sources of information on physical and mental requirements of different occupations and job opportunities. Do you have experience of this nature?

YES _____ Complete 4, then proceed to Section III.

NO _____ Proceed to Section III.

4. For each position you are claiming the experience described above, complete 4a - 4g. Complete a separate form for each change in title, promotion, or if your duties changed significantly. Duplicate this form or use additional sheets as necessary.

a. Name of Employer: _____

b. Dates of employment: From _____ To _____
month/year month/year

c. Average number of hours worked per week: _____

d. Position Title: _____

e. Name(s) and title(s) of your supervisor(s): _____

f. Number and title(s) of the people you supervised: _____

g. Give a detailed description of your duties and responsibilities, including a breakdown of the average number of hours per week spent performing each of your duties and responsibilities. Duplicate this form or use additional sheets as necessary.

SECTION III: SPECIALIZED EXPERIENCE REQUIREMENT

Progressively responsible professional experience in the review, adjudication and authorization of claims for payment of disability benefits to individuals in accordance with appropriate laws and regulations. Do you have experience of this nature?

YES _____ Complete 5, then proceed to Section IV.

NO _____ Proceed to Section IV.

5. For each position you are claiming the experience described above, complete 5a - 5g. Complete a separate form for each change in title, promotion, or if your duties changed significantly. Duplicate this form or use additional sheets as necessary.

a. Name of Employer: _____

b. Dates of employment: From _____ month/year To _____ month/year

- c. Average number of hours worked per week: _____
- d. Position Title: _____
- e. Name(s) and title(s) of your supervisor(s): _____

- f. Number and title(s) of the people you supervised: _____

- g. Give a detailed description of your duties and responsibilities, including a breakdown of the average number of hours per week spent performing each of your duties and responsibilities. Duplicate this form or use additional sheets as necessary.

SECTION IV: CERTIFICATION

I hereby certify that all statements in this form are true and correct, to the best of my knowledge. I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment with the State of Hawaii civil service.

I further request and authorize employers, their agents and/or the contact persons named herein to furnish verification of the statements made herein and/or employment information as requested by the Department of Human Services of the State of Hawaii.

Signature _____ Date _____

State of Hawaii
Department of Human Services

TYPE OR PRINT LEGIBLY IN INK

Employment Availability Information Form

TITLE OF JOB APPLYING FOR: _____

NAME: _____

ADDRESS: _____ CITY: _____

ISLAND: _____ ZIP CODE: _____

PHONE: BUSINESS: () _____ HOME: () _____

DO NOT WRITE IN THIS BOX

Grade: _____

Exam No.: _____

List Est.: _____

Ext.: _____

DL: Yes No

Geographical Availability Please check (✓) all the locations for which you are willing to accept employment.

Note: You must be available to work in any or all areas within the geographic area(s) that you have selected.

■ **OAHU**

- Ewa (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
- Waipahu to Aiea (Includes Waikele, Waipio, Pearl City)
- Halawa to Kalihi
(Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- Downtown (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
- Manoa to Kahala (Includes McCully, Moiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- Aina Haina to Hawaii Kai
- Waimanalo / Kailua
- Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waiakane)
- Kaaawa to Kahuku (Includes Punaluu, Hauula, Laie, Kuilima)
- North Shore (Includes Waimea, Haleiwa, Waialua)
- Wahiawa / Kunia / Mililani
- Waianae Coast (Includes Nanakuli, Maili, Waianae, Makaha)

■ **HAWAII**

- Hilo (Includes Papaikou, Pepekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
- Honokaa / Hamakua (Includes Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
- Kamuela / Kohala / Waikoloa (Includes Halaula, Kapaau, Hawi, Kawaihae)
- Kona (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau)
- Ka'u (Includes Ocean View, Naalehu, Pahala)
- Puna (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keaau, Pahoa, Kapoho)

■ **MAUI**

- Wailuku / Kahului (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina
- Maalaea / Kihei / Wailea
- Hana
- Makawao (Includes Pukalani, Haliimaile, Haiku, Paia)
- Kula

■ **KAUAI**

- Lihue (Includes Hanamaulu)
- Kapaa (Includes Wailua, Kealia, Anahola)
- Hanalei (Includes Kilauea, Princeville, Haena)
- Waimea (Includes Kokee, Kekaha, Kaunakani, Hanapepe, Eleele, Port Allen, Kalaheo)
- Koloa (Includes Lawai, Omao)

■ **LANAI**

- Lanai City

■ **MOLOKAI**

- Kaunakakai (Includes Maunaloa, Hoolehua, Kualapuu)
- Kalaupapa

Remarks:

Employment Availability: Please check (✓) the following conditions of employment for which you are interested and available. If you are appointed to a temporary position and have also indicated interest in permanent employment, we will continue to refer you to permanent positions provided you are active on the register and within referral range for the position.

Blank responses will be taken to mean that you are not available.

- | | | | | | |
|--|------------------------------------|------------------------------------|---|------------------------------|-----------------------------|
| 1. Permanent jobs | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | 5. A job at a lower rate of pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Temporary jobs of 2 to 5 months | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | 6. I am available for immediate employment referral (or after 2-3 weeks notice). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Temporary jobs of 6 to 12 months | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <i>*Note: If you check No*, you must notify us in writing when you are available for employment referral no sooner than four weeks before you become available.</i> | | |
| 4. Temporary jobs of more than 12 months | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | | | |

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

APPLICANT DATA SURVEY

In order to meet the requirements set forth in Federal guidelines, we request your cooperation and assistance in completing this form. Participation in this survey is confidential and voluntary. Your replies to this survey will not affect your eligibility or opportunity for employment in any way. The data gathered will be used for reporting and personnel research purposes only. Information contained on this form will not be released for the purpose of selecting job applicants.

Name: _____ Date: _____

Job Applying for: _____ Recruitment Number: _____

Age: _____ Under 20
_____ 20-24
_____ 25-29
_____ 30-39
_____ 40-49
_____ 50 & over

Ethnic Background Categories: Review all the ethnic background categories listed below. Determine the category which you believe best represents your ethnic background. **CHECK ONLY ONE.**

_____ Black
_____ Chinese
_____ Filipino
_____ Hawaiian
_____ Part-Hawaiian
_____ Japanese
_____ Korean
_____ Puerto Rican
_____ Samoan
_____ White +
_____ Mixed (other than Part-Hawaiian)
_____ Others or Unknown

Sex: _____ Female
_____ Male

+ Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino and Puerto Rican).