



CAREER OPPORTUNITY

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



Opening Date:
September 3, 2013
(Revised November 13, 2013)

06369:113010:13

Continuous Recruitment Until Needs Are Met

**RECRUITMENT NO. DHS 13-05
REHABILITATION TEACHER FOR THE BLIND II**
Oahu Employment Only, Immediate Vacancy Downtown
\$3,379.00 - \$3,798.00 (SR-18, 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:

This position assesses the need for and provide individual and group instruction in computer technology skills as part of a professional team in a day rehabilitation center setting, to assist and support the Counseling Section in preparing individuals who are blind, visually impaired, or deaf-blind for employment or independent living.

MINIMUM QUALIFICATION REQUIREMENTS:

Basic Education Requirement:

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

Excess work experience as described under General or Specialized Experience, below, or any other responsible administrative, professional or analytical work experience which 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 may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systemically.

Experience Requirements:

General Experience: One year of progressively responsible professional work providing direct services to individuals with disabilities which provided knowledge and understanding of the implications of disabling conditions and the effect of disability on the behavior and personality of individuals.

Substitutions Allowed:

1. A bachelor's degree from an accredited college or university in Special Education may be substituted for all of the General Experience.
2. A master's degree from an accredited college or university in teaching the blind may be substituted for all of the General Experience and one (1) year of the Specialized Experience.
3. Excess Specialized Experience (as described below) may be substituted for the General Experience on a month-for-month basis.

Specialized Experience: Progressively responsible professional work experience providing rehabilitation instruction to blind or visually impaired individuals in one or more subject areas or topics such as communication, personal management, home management, activities of daily living, recreation or leisure activities, etc.

Quality of Experience:

Possession of the required number of years of experience will not in itself be accepted as proof of qualification for a position. The applicant's overall experience must have been of such scope and level of responsibility as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

(Continued on page 2)

HOW TO APPLY:

1. Applications are available at the Department of Human Services (DHS) - 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, and Bond Memorial and Kealahou 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.

REQUIRED FORMS/DOCUMENTATION:

You must submit the following forms/documentation together 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, DHS reserves the right to request for an official copy.

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. It is, therefore, 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 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 the 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 Civil 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: Applicants must be citizens, permanent resident alien, or nationals 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 Recruitments Only.) To receive 5 Veterans Preference Points, an applicant must submit a copy of the DD214 (Member 4) verifying dates of honorable service. To receive 10 Veterans 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.

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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 HAWAII DEPARTMENT OF HUMAN SERVICES
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY**

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.

**DO NOT
WRITE
IN THIS
SPACE**

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 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

STATE OF HAWAII 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: _____ |
| | Address _____ | Month _____ Year _____ |
| | Supervisor's Name and Title _____ | To: _____ |
| | Company Phone Number _____ | Month _____ Year _____ |
| | Company URL Internet Address _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer |
| | Your Position Title and Duties _____ | Average hours worked per week _____ |
| | _____ | Starting Salary \$ _____ Per _____ |
| _____ | 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: _____ |
| Address _____ | Month _____ Year _____ |
| Supervisor's Name and Title _____ | To: _____ |
| Company Phone Number _____ | Month _____ Year _____ |
| Company URL Internet Address _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer |
| Your Position Title and Duties _____ | Average hours worked per week _____ |
| _____ | Starting Salary \$ _____ Per _____ |
| _____ | 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: _____ |
| Address _____ | Month _____ Year _____ |
| Supervisor's Name and Title _____ | To: _____ |
| Company Phone Number _____ | Month _____ Year _____ |
| Company URL Internet Address _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer |
| Your Position Title and Duties _____ | Average hours worked per week _____ |
| _____ | Starting Salary \$ _____ Per _____ |
| _____ | 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: _____ |
| Address _____ | Month _____ Year _____ |
| Supervisor's Name and Title _____ | To: _____ |
| Company Phone Number _____ | Month _____ Year _____ |
| Company URL Internet Address _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer |
| Your Position Title and Duties _____ | Average hours worked per week _____ |
| _____ | Starting Salary \$ _____ Per _____ |
| _____ | 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 _____

**SUPPLEMENTAL FORM FOR
REHABILITATION TEACHER FOR THE BLIND II**

COMPLETE and SUBMIT this supplement in addition to your application. This supplement will be used along with the information provided on your application to evaluate your qualifications. INCOMPLETE INFORMATION on this supplement may result in the REJECTION of your application.

Complete a separate form for EACH position you held where you gained the relevant experience as described below. **BE SURE TO COMPLETE A SEPARATE FORM FOR EACH CHANGE IN TITLE, PROMOTION, OR IF YOUR DUTIES CHANGED SIGNIFICANTLY.** You may duplicate this form or attach plain sheets of paper for each additional position. **Do NOT submit a resume, etc. in place of this Supplemental Form.**

NOTE: In your write-up, avoid using vague and ambiguous terms such as "was responsible for," "researched," "handled," "processed," etc. Instead, use specific language which shows clearly the exact nature of the tasks you performed, and the extent of your involvement.

Section I: **Education Requirement**

1. Do you possess a Bachelor's degree from an accredited university with emphasis in education, home economics, therapy, rehabilitation or the behavioral sciences?

Yes _____ No _____

Name of University: _____

Dates attended: _____

(From and To, Month and Year)

Type of Degree: _____ Major Field of Study _____

Note: YOU MUST SUBMIT A COPY OF YOUR TRANSCRIPTS TOGETHER WITH YOUR APPLICATION IN ORDER TO BE GIVEN CREDIT FOR EDUCATION.

Section II: General Experience Requirement

2. Do you have one year of progressively responsible professional work providing direct services to individuals with disabilities which provided knowledge and understanding of the implications of disabling conditions and the effect of disability on the behavior and personality of individuals?

Yes _____ No _____

If you answered "Yes" to number 2 above, for **each job**, complete "a" through "h" below. BE SURE TO COMPLETE A SEPARATE FORM FOR EACH CHANGE IN TITLE, PROMOTION, OR IF YOUR DUTIES CHANGED SIGNIFICANTLY.

Duplicate this form or use additional sheets of paper as necessary.

2a. Name of Employer: _____

2b. Complete dates of employment: from: _____ to: _____
month/year month/year

2c. Average number of hours worked per week: _____

2d. Title of your position: _____

2e. Dates employed in this position: from: _____ to: _____
month/year month/year

2f. List the name(s) and title(s) of your immediate supervisor(s): _____

2g. List the number and title(s) of the people you supervised: _____

2h. Give a detailed description of the services provided by the employing agency and the clientele served. Did you provide direct services to these clients?

Section III: Specialized Experience Requirement

Specialized Experience may be substituted for the General Experience on a month-for-month basis.

3. Do you have progressively responsible work experience providing rehabilitation instruction to blind or visually impaired individuals in one or more subject areas or topics such as communication, personal management, home management, activities of daily living, recreation or leisure activities, etc.

Yes _____ No _____

If you answered "Yes" to number 3 above, for **each job**, complete "a" through "h" below. **BE SURE TO COMPLETE A SEPARATE FORM FOR EACH CHANGE IN TITLE, PROMOTION, OR IF YOUR DUTIES CHANGED SIGNIFICANTLY. Duplicate this form or use additional sheets of paper as necessary.**

3a. Name of Employer: _____

3b. Complete dates of employment: from: _____ to: _____
month/year month/year

3c. Average number of hours worked per week: _____

3d. Title of your position: _____

3e. Dates employed in this position: from: _____ to: _____
month/year month/year

3f. List the name(s) and title(s) of your immediate supervisor(s): _____

3g. List the number and title(s) of the people you supervised: _____

State of Hawaii
Department of Human Services

Employment Availability Information Form

TYPE OR PRINT LEGIBLY IN INK

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, Kealahou, 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 Full-time Part-time
- 2. Temporary jobs of 2 to 5 months Full-time Part-time
- 3. Temporary jobs of 6 to 12 months Full-time Part-time
- 4. Temporary jobs of more than 12 months Full-time Part-time

- 5. A job at a lower rate of pay Yes No
- 6. I am available for immediate employment referral (or after 2-3 weeks notice). Yes No

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.

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).