



CAREER OPPORTUNITY

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



Opening Date:
May 24, 2013

06369:113010:13

Last day to file: June 21, 2013

RECRUITMENT NO. DHS 13-04

REHABILITATION TEACHER FOR THE BLIND III

Oahu Employment Only, Immediate Vacancy Downtown

\$3,511.00 - \$3,951.00 (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: Plan and conduct the full range of rehabilitation instruction services involving the instruction of blind and visually impaired individuals to assist them in achieving personal adjustment and maximum independence in daily living. Provide individual and group instruction in various topics; such as personal care, home orientation and management, food management and budgeting, child care and development, family relationships and recreational or leisure activities, or provide instruction on specific topic or skill such as Braille, assistive technology for the blind, adjustment to blindness, etc.

Immediate vacancy is in the Services for the Blind Branch, Adjustment Section. The primary function of this position is to assess 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, and to provide consultation and technical assistance to other branches, individuals and organizations who work with individuals with these disabilities.

MINIMUM QUALIFICATION REQUIREMENTS:

To qualify, you must meet all of the following requirements. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. In addition, qualifying work experience is credited based on a 40-hour workweek.

Education: 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.

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.

Specialized Experience: One year of 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.

At least one (1) year of this experience must have been comparable in difficulty, depth, and scope of work experience at the next lower level in the State service.

Substitutions Allowed:

- A. A bachelor's degree from an accredited college or university in Special Education may be substituted for all of the General Experience.
- B. 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.
- C. Excessive Specialized Experience may be substituted for the General Experience on a month-for-month basis.

(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.
2. The supplement for Rehabilitation Teacher for the Blind.

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 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 (vt) 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.

MERIT OR CIVIL SERVICE SYSTEM: You must meet minimum qualification requirements, including education, experience, and other public employment requirements for State Civil Service Employment.

The names of applicants will be referred based on their examination grade and availability for employment. The employing agency may select any one of the eligibles referred. The names of those not selected will be kept on an eligible list for no less than the period indicated on the eligible's Notice of Examination Results and Eligibility card.

CITIZENSHIP REQUIREMENT: You must be a citizen, permanent resident alien, or national of the United States; however, if you are a non-citizen with employment authorization from the U.S. Immigration and Naturalization Service, you 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: If you are claiming the 5 or 10 point Veteran's Preference, you must submit a copy of your DD214 and/or other substantiating documents specifying period(s) of your service at the time of application.

PHYSICAL/MEDICAL REQUIREMENTS: Applicants must be able to physically and mentally perform efficiently the duties of the position. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The State of Hawaii is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodation should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

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 HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

DEPARTMENT OF HUMAN SERVICES

Personnel Office/RES, P.O. Box 339, Honolulu, Hawaii 96809

GENERAL INSTRUCTIONS: Please type or print legibly in 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 job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- 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, address, telephone number 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 requirement for citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. Citizen of the U.S.
- B. National of the U.S. (includes persons born in American Samoa, including Swain's Island.)
- C. Permanent Resident Alien of the U.S.
- D. Other - Non-citizen authorized under federal law to work in the U.S.

If you selected "Other-Non-Citizen" in Question #1D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

- Yes No

Please explain your "Yes" or "No" answer. _____

2. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim (see description below)

- 5 points 10 points

Serial or Service No.: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Last Separation:

- Honorable Other than honorable

5 points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
- B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
- C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 points veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;
- B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;
- C. An unmarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

3. _____
JOB 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 HAWAII 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 17 is needed to make determinations on your suitability for employment. Convictions, 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 indicate in item #11 below, the date 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. CONVICTION OF A VIOLATION OF LAW

- A) Have you been convicted of a violation of law? YES NO
- Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.*

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that could have resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #13 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

- B) Within the past three years, have you been convicted of any offense related to controlled substances? YES NO
- C) 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 question 12A, 12B, or 12C, indicate 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. 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 indicate in item #15 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.)

15. _____

16. 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 Hawaii? YES NO

(If you answer "Yes," to question 16, please explain in detail in item #17 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

17. _____

**State of Hawai'i Department of Human Services
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY**

1. RECRUITMENT NUMBER: _____
2. JOB TITLE: _____

The information you provide will be used to determine whether you meet public employment requirements and 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 Hawaii 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. MAILING ADDRESS: _____
P.O. Box or Street Address
City State Zip Code
6. PHONE NO.: _____
Home Other

7. 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	

8. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS
A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: ___ No: ___
DRIVER'S LICENSE # _____ State: _____ Class/Type: _____ Expiration Date: _____
If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.
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 Hawai'i Department of Human Services
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

9. 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.
Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____

NAME _____

RECRUITMENT NUMBER: _____

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

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 college or university?
If yes, you must submit a copy of your diploma or transcripts together with your application in order to be given credit for education.

Yes _____ No _____

Name of College or University: _____

Dates attended: (From and To, Month and Year) _____

Type of Degree: _____ Major Field of Study _____

2. Do you have higher level education that you would like us to consider?
If yes, you must submit a copy of your diploma or transcripts together with your application in order to be given credit for education.

Yes _____ No _____

Name of College or University: _____

Dates attended: (From and To, Month and Year) _____

Type of Degree: _____ Major Field of Study _____

Section III: Specialized Experience Requirement

4. Do you have one year of 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? At least one year of this experience must have been comparable in difficulty, depth and scope to work experience at the next lower level in State service.

Yes _____ No _____

If you answered "Yes", 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.**

a. Name of Employer: _____

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

c. Average number of hours worked per week: _____

d. Title of your position: _____

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

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

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

h. Give a **DETAILED** description of your duties and responsibilities in **EACH** of the areas (**a through f**) and give a **breakdown** of the average hours per week spent performing **each** of your duties and responsibilities.

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 the employer, his agent and/or the contact person named herein to
furnish verification of the statements made herein and/or employment information requested by
the Department of Human Services of the State of Hawaii.

Date _____ Signature _____

State of Hawaii
Department of Human Services
Employment Availability Information Form

TYPE OR PRINT LEGIBLY IN INK

TITLE OF JOB APPLYING FOR: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____

ISLAND: _____ ZIP CODE: _____

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

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, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
- Honokaa / Hamakua (Includes Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
- Kamuela / Kohala / Waikoloa (Includes Halaula, Kapaa, 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, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)
- Koloa (Includes Lawai, Omao)

■ **LANAI**

- Lanai City

■ **MOLOKAI**

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

DO NOT WRITE IN THIS BOX

Grade: _____

Exam No.: _____

List Est.: _____

Ext.: _____

TP	Non TP	Non Res
Test:	Waived	Required

DL:	Yes	No
-----	-----	----

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

Sex: ___ Female
 ___ Male

___ Korean
___ Puerto Rican
___ Samoan
___ White +
___ Mixed (other than Part-Hawaiian)
___ Others or Unknown

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