



# CAREER OPPORTUNITY

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



Opening Date:  
July 7, 2002  
(Revised December 20, 2013)

03202-4:010906:13

Continuous Recruitment Until Needs Are Met

## **VOCATIONAL REHABILITATION SPECIALIST II & III- DHS RECRUITMENT NO. 02-03**

**(STATE PLAN COUNSELOR)**

STATEWIDE EMPLOYMENT

\$3,379.00 (SR18) per month

\$3,651.00 - \$4,109.00 (S20, Step C to F) per month\*

## **VOCATIONAL REHABILITATION SPECIALIST IV - DHS RECRUITMENT NO. 02-04**

**(STATE PLAN COUNSELOR)**

OAHU EMPLOYMENT ONLY

\$3,950.00 - \$4,447.00 (SR-22, 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:**

**VOCATIONAL REHABILITATION SPECIALIST II:** This is an advanced trainee level. Work is designed to train incumbents for the VRS III level. Tasks assigned are similar to those of the VRS III (described below), but assignments are structured and performed with close supervision.

The incumbent is expected to enroll into a CORE accredited graduate program in rehabilitation counseling upon completion of their initial probationary period. The incumbent must graduate and receive their master's degree in rehabilitation counseling within three semesters of enrollment.

**VOCATIONAL REHABILITATION SPECIALIST III:** Performs evaluation, vocational counseling and allied rehabilitation services for the full range of cases; provides and/or arranges for testing, medical treatment, training, job placement and adjustment; and performs other related duties as assigned.

**VOCATIONAL REHABILITATION SPECIALIST IV:** Supervises and participates in vocational rehabilitation and allied services of an operating unit; independently performs all vocational counseling, evaluation and rehabilitation services for individuals representing the most difficult and complex cases; provides all vocational rehabilitation services alone at a field station; or serves as a program specialist; certifies and regulates those who provide direct vocational rehabilitation services to industrially injured employees; and performs other related duties as assigned.

**MINIMUM QUALIFICATION REQUIREMENTS:** Applicants for positions who perform, or are authorized to perform, direct counseling services as specified in the State Plan for Vocational Rehabilitation Services must meet the following requirements:

#### **VRS II:**

Successful completion of one year of graduate level credits in a rehabilitation counseling program accredited by the Council on Rehabilitation Education (CORE).

#### **VRS III:**

Applicants for VRS III and higher levels must meet one of the following:

1. possess a Master's degree in rehabilitation counseling accredited by the Council on Rehabilitation Education (CORE); or
2. current certification as a Certified Rehabilitation Counselor (CRC); or
3. CRC eligible (meet all graduate level education, internship and experience requirements to be acceptable for certification as a CRC).

**VRS IV:** In addition to the preceding requirements for the VRS III level, applicants must possess one year of professional experience in one or a combination of the following:

1. Vocational rehabilitation training as a regularly designated responsibility;
2. Vocational guidance and teaching work in a recognized vocational rehabilitation program or in a school for persons with disabilities;
3. Developmental work in programs of vocational rehabilitation located in an educational institution, government, business, or industry;
4. Personnel placement or employment placement experience which has provided extensive knowledge of training and rehabilitation requirements necessary to place persons with disabilities in one or more broad occupational areas; and
5. Vocational rehabilitation counseling experience involving the adjustment, training and placement of persons with disabilities into gainful employment.

(Continued on Page 2)

**SUBSTITUTION ALLOWED:**

Applicants who possess a master's degree in Rehabilitation Counseling not accredited by CORE, but which included successful completion of 600 hours of practicum and/or internship in rehabilitation counseling meet the requirements for VRS II.

Qualifying experience must have demonstrated the ability to provide the full range of direct service activities under general supervision. Such experience must have demonstrated the ability to independently develop training programs for persons with disabilities, to assist them in adjusting to training or work situations and demonstrated successful contacts with management for the placement of disabled persons.

**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 "Supplemental Experience Statement" for Vocational Rehabilitation Specialist.

**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 (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 a 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 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 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 ACCOMMODATION:** 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).



# STATE OF HAWAII 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**

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 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.**

<b>Your Present or Last Position</b>	Employer _____	From: _____	Month _____ Year _____	
	Address _____	To: _____	Month _____ Year _____	
	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: _____	Month _____ Year _____	
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: _____	Month _____ Year _____	
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: _____	Month _____ Year _____	
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 (Print or Type): \_\_\_\_\_

Recruitment No(s): \_\_\_\_\_

**SUPPLEMENTAL EXPERIENCE STATEMENT FOR  
VOCATIONAL REHABILITATION SPECIALIST II, III, & IV  
(DHS/State Plan Counselor)**

In addition to the data on your application, the information provided on this form will be used to evaluate your qualifications. *It is therefore essential that you answer this supplemental form as accurately and as completely as possible to ensure that you receive maximum credit.*

Read and answer all questions below. Use the back of this sheet or additional sheets if more space is needed.

**PART I (All Applicants):** Check which of the following you possess. Provide a complete description and attach verifying documentation or evidence of fulfillment.

<i>Level(s) applying for:</i>	<i>Minimum Requirement:</i>	<i>Description:</i>
<input type="checkbox"/> VRS II	<input type="checkbox"/> 27 credits in a CORE accredited graduate program in rehabilitation counseling.	
<input type="checkbox"/> VRS III & IV	<input type="checkbox"/> Masters degree from a CORE accredited program in rehabilitation counseling, <i>or</i>	
	<input type="checkbox"/> CRC certification, <i>or</i>	
	<input type="checkbox"/> Eligibility for CRC certification <b>(Must meet all graduate level education, internship and experience requirements to be acceptable for certification as a CRC).</b>	

**Optional information to be used for additional employment referral opportunities**

<b>All Levels</b>	<input type="checkbox"/> Ability to use American Sign Language	<b>Describe your level of proficiency:</b>
-------------------	--	--

**PART II (Applicants for VRS IV level only):** Indicate if you have professional work experience in the following areas:

1. Vocational rehabilitation training as a regularly designated responsibility.

Employer: \_\_\_\_\_ Employment Date(s): \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Describe your duties: \_\_\_\_\_

---



---



---



---

2. Vocational guidance and teaching work in a recognized vocational rehabilitation program or in a school for persons with disabilities.

Employer: \_\_\_\_\_ Employment Date(s): \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Describe your duties: \_\_\_\_\_

---

---

---

---

3. Developmental work in programs of vocational rehabilitation located in an educational institution, government, business, or industry.

Employer: \_\_\_\_\_ Employment Date(s): \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Describe your duties: \_\_\_\_\_

---

---

---

---

4. Personnel placement or employment placement experience which has provided extensive knowledge of training and rehabilitation requirements necessary to place persons with disabilities in one or more broad occupational areas.

Employer: \_\_\_\_\_ Employment Date(s): \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Describe your duties: \_\_\_\_\_

---

---

---

---

5. Vocational rehabilitation counseling experience involving the adjustment, training, and placement of persons with disabilities into gainful employment.

Employer: \_\_\_\_\_ Employment Date(s): \_\_\_\_\_

Position Title(s): \_\_\_\_\_

Describe your duties: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

I hereby certify that all statements in this form 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 State of Hawaii civil service.

I further request and authorize the employer, its agent, and/or contact person 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  
**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)

■ **MAUI**

- Wailuku / Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina**
- Maalaea / Kihei / Wailea**
- Hana**
- Makawao** (Includes Pukalani, Halliimaile, 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)

■ **HAWAII**

- Hilo** (Includes Papaikou, Pepeekeo, 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)

■ **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 <b>No</b>*, you must notify us <u>in writing</u> 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).