



# **CAREER OPPORTUNITY**

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



Opening Date:  
January 22, 2013

03201-5:010906:13

## Continuous Recruitment Until Needs Are Met

### **VOCATIONAL REHABILITATION SPECIALIST V - DHS RECRUITMENT NO. 13-01 DOWNTOWN, OAHU EMPLOYMENT ONLY**

\$4,276 (SR-24) per month

**JOB DUTIES:** Conducts statewide planning, development, and evaluation of the division's Vocational Rehabilitation information and statistical system, the division's automation system, and to oversee statewide compliance with the Uniform Information Practices Act requirements, the division's due process hearing and mediation process, and to other assigned programs.

#### **MINIMUM QUALIFICATION REQUIREMENTS:**

##### Education Requirement:

Bachelor's degree from an accredited college or university.

##### General Experience:

One (1) year of progressively responsible professional experience which has provided a general knowledge of training practices, techniques and requirements in one or more occupations. This experience must have involved the application of two (2) or more of the following kinds of knowledge and skills:

1. Interviewing techniques;
2. Knowledge of various occupations and their requirements;
3. Social casework techniques
4. Knowledge of the causes and problems of persons with physical and mental disabilities;
5. Counseling and/or guidance; and
6. Tests and measurements.

##### Specialized Experience:

Three (3) years of experience in one or a combination of the following types of professional experience:

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.

One (1) year of the Specialized Experience must be equivalent to the VRS III or IV level in State government. Such experience must have demonstrated the ability to independently develop training programs for persons with the most severe disabilities, to assist them in adjusting to the training program and/or work situation, and to place them in gainful employment. This level of experience must have provided the applicant with substantial knowledge of mental or physical diseases and disabilities in terms of the practical effects such disabilities have in placing the individual in employment.

(Continued on page 2)

**SUBSTITUTIONS ALLOWED:**

1. Four (4) years of excess progressively responsible administrative, professional or analytical work experience which provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study leading to a baccalaureate degree may be substituted for the bachelor's degree. To be acceptable, the experience must have been of such scope, level and quality as to assure possession of comparable knowledge, skills and abilities. The 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 systematically.
2. Possession of a master's degree with specialization in rehabilitation counseling from an accredited college or university whose program is accredited by the Council of Rehabilitation Education (CORE) an included successful completion of practicum and/or internship in vocational rehabilitation counseling, or possession of a comparable master's degree, may be substituted for one (1) year of General Experience and one (1) year of Specialized Experience.
3. A master's degree from an accredited college or university in social work, psychology, counseling and guidance or a related field which does not include the specialization in rehabilitation counseling may be substituted for one (1) year of General Experience.
4. Successful completion of graduate level coursework from an accredited college or university which included courses in psychology, counseling and guidance, or related fields may be substituted for the General Experience on the basis of fifteen (15) semester credit hours for six (6) months of General Experience.
5. Successful completion of graduate level coursework from an accredited college or university which covered topics pertinent to vocational rehabilitation counseling may be substituted for the Specialized Experience on the basis of fifteen (15) semester credit hours for a maximum of (6) months of Specialized Experience.
6. Excess Specialized Experience may be substituted for General Experience on a month-for-month basis.

**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.

**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 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.

**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  
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

**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 unremarried, 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.

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

Employer _____	From: _____	Month	Year	
Address _____	To: _____			
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____			
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____			
_____	Ending Salary \$ _____ Per _____			
_____	Reason(s) for leaving _____			

Employer _____	From: _____	Month	Year	
Address _____	To: _____			
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____			
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____			
_____	Ending Salary \$ _____ Per _____			
_____	Reason(s) for leaving _____			

Employer _____	From: _____	Month	Year	
Address _____	To: _____			
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	
Your Title _____	Average hours worked per week _____			
Duties and Responsibilities _____	Starting Salary \$ _____ Per _____			
_____	Ending Salary \$ _____ Per _____			
_____	Reason(s) for leaving _____			

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

**SUPPLEMENTAL EXPERIENCE STATEMENT FOR  
VOCATIONAL REHABILITATION SPECIALIST V**

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.

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: \_\_\_\_\_

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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: \_\_\_\_\_

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

- MAUI**
- Wailuku / Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina**
- Maalaea / Kihei / Wailea**
- Hana**
- Makawao** (Includes Pukalani, Haliimaile, Haiku, Paia)
- Kula**
- KAUAI**
- Lihue** (Includes Hanamaulu)
- Kapaa** (Includes Wailua, Kealia, Anahola)
- Hanalei** (Includes Kilauea, Princeville, Haena)
- Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)
- Koloa** (Includes Lawai, Omao)
- LANAI**
- Lanai City**
- MOLOKAI**
- Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
- Kalaupapa**

Remarks:

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

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

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

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES

APPLICANT DATA SURVEY

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

\*\*\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Applying for: \_\_\_\_\_ Recruitment Number: \_\_\_\_\_

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

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

\_\_\_\_\_ Black  
\_\_\_\_\_ Chinese  
\_\_\_\_\_ Filipino  
\_\_\_\_\_ Hawaiian  
\_\_\_\_\_ Part-Hawaiian  
\_\_\_\_\_ Japanese

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).