



# CAREER OPPORTUNITY

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



Opening Date:  
March 15, 1999  
(Revised January 1, 2017)

03386-7:051812:13

## Continuous Recruitment Until Needs Are Met

**DISABILITY CLAIMS SPECIALIST II – RECRUITMENT NO. DHS 99-1**

**DISABILITY CLAIMS SPECIALIST III – RECRUITMENT NO. DHS 99-2**

OAHU (MAKIKI-KAPIOLANI) EMPLOYMENT ONLY

\$3,619.00 (SR-18) per month

\$3,911.00 - \$4,580.00 (SR-20, Step C to G) per month \*

\*Note: Hiring Rates will be based on availability of funds,  
the applicant's qualifications, and other relevant factors

## JOB DUTIES:

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

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

## MINIMUM EDUCATION AND EXPERIENCE REQUIREMENT:

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

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

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

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

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

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

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

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

**HOW TO APPLY:**

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

**REQUIRED FORMS/DOCUMENTATION:**

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

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

**NOTIFICATION TO APPLICANTS**

The Department of Human Services will use electronic mail (email) or notify applicants in writing of important information relating to the status and processing of your application as a part of our ongoing efforts to increase operational efficiency, promote the conservation of green resources, and minimize delays and costs.

Please ensure that the email address and contact information you provide is current, secure, and readily accessible to you. We will not be responsible in any way if you do not receive or check your email-box in a timely manner.

**PUBLIC SERVICE LOAN FORGIVENESS (PSLF) PROGRAM**

The PSLF Program is a federal program that is intended to encourage individuals to work in public service by forgiving the balance of their federal student loans. To qualify, the individual must have made 120 qualifying payments while employed by a qualifying employer. For more information, please click: <https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service>

**TESTING INFORMATION:**

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

In-person interviews and/or further testing in Hawaii may be required at the discretion of the hiring agency. If in-person interviews and/or further testing is a requirement, applicants who meet the minimum qualification requirements and are referred to the vacancy must be available to participate in person and at their own expense in this required phase of the selection process.

Applicants are encouraged to submit their applications as soon as possible. In addition to employment availability and score, the referral of qualified applicants may be based upon other factors including date of receipt of the application.

**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.

**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.

STATE OF HAWAII  
Department of Human Resources Development – State Recruiting Office  
235 South Beretania Street, Room 1100, Honolulu, Hawaii 96813-2437

## APPLICANT DATA SURVEY

(Page 1 of 2)

<b>NAME</b>		<b>DATE</b>	
Please complete one Applicant Data Survey form for each job you apply for. If applying for more than one level of work appearing in the same State of Hawaii Career Opportunity announcement, complete an additional line for each additional level of work.			
<b>JOB(S) APPLYING FOR</b>	<b>TITLE</b>	<b>RECRUITMENT NUMBER</b>	

### APPLICANT DATA SURVEY (Optional)

The State of Hawaii invites employees and applicants to voluntarily self-identify their age, sex, race or ethnicity, and language skills. Submission of this information is **VOLUNTARY** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept **CONFIDENTIAL** and may only be used in accordance with provisions of applicable laws, executive orders, and regulations.

**AGE**    ☐ Under 20    ☐ 20 - 24    ☐ 25 - 29    ☐ 30 - 39    ☐ 40 - 49    ☐ 50 and over

**GENDER**   ☐ Male  
              ☐ Female

#### ETHNICITY (Check the box below if you are of Hispanic Origin)

☐ Hispanic or Latino: All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

#### RACE (Select one or more racial categories below to describe yourself)

- ☐ **White:** All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. (e.g., persons who identify as Portuguese, German, Lebanese, Arab, or Egyptian).
- ☐ **Black or African American:** All persons having origins in any of the Black racial groups of Africa.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

**Native Hawaiian and Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc.

☐ **Native Hawaiian**    ☐ **Part Native Hawaiian**    ☐ **Tongan**    ☐ **Samoan**    ☐ **Guamanian or Chamorro**  
☐ **Other Pacific Islander** \_\_\_\_\_

For Example: Belauan, Chuukese, Cook Islands, Fijian, Kosraean, Maori, Marshallese, Papua New Guinea, Pohnpeian, Rapa Nui, Solomon Islands, Tahitian, Vanuatu, Yapese, etc.

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Chinese**    ☐ **Japanese**    ☐ **Korean**    ☐ **Filipino**    ☐ **Vietnamese**  
☐ **Other Asian** \_\_\_\_\_

For Example: Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Taiwan, Thailand, Yemen, etc.

Note: Race/ethnic designations as used by the U.S. Equal Employment Opportunity Commission (EEOC) do not denote scientific definitions of anthropological origins.

STATE OF HAWAII  
Department of Human Resources Development – State Recruiting Office  
235 South Beretania Street, Room 1100, Honolulu, Hawaii 96813-2437

## APPLICANT DATA SURVEY

(Page 2 of 2)

FOREIGN (NON-ENGLISH) SPOKEN (OR SIGN) LANGUAGE SKILLS (Select from the languages/dialects listed below)				
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Bahasa (Indonesian)	<input type="checkbox"/> Bengali	<input type="checkbox"/> Burmese	<input type="checkbox"/> Cantonese (Chinese)	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Mandarin (Chinese)		<input type="checkbox"/> Croatian
<input type="checkbox"/> Shanghai (Chinese)	<input type="checkbox"/> Taiwanese (Chinese)		<input type="checkbox"/> Teochew/Chaozhou (Chinese)	
<input type="checkbox"/> Czech	<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Flemish
<input type="checkbox"/> French	<input type="checkbox"/> Finish	<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Kannada (India)	<input type="checkbox"/> Konkani (India)
<input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Punjabi(India)	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer (Cambodian)
<input type="checkbox"/> Kiswahili	<input type="checkbox"/> Korean	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Latvian	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Latin	<input type="checkbox"/> Malay	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Myanmar	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Cebuano Visayan (Philippines)	
<input type="checkbox"/> Ilokano (Philippines)	<input type="checkbox"/> Ilonggo Visayan (Philippines)		<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Swahili
<input type="checkbox"/> Spanish	<input type="checkbox"/> Serbo-Croatian		<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog (Philippines)
<input type="checkbox"/> Telugu	<input type="checkbox"/> Thai	<input type="checkbox"/> Tamil (India)	<input type="checkbox"/> Tamil (Ceylon)	<input type="checkbox"/> Tongan
<input type="checkbox"/> Turkish	<input type="checkbox"/> Twi (Ghana)	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Urdu (Pakistan)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Welsh	<input type="checkbox"/> Wolof	<input type="checkbox"/> Yapese	<input type="checkbox"/> Other - Pls. specify: _____	

Please select one (1) of the following on your fluency in the language/dialect as referenced above.	<input type="checkbox"/> Native or Native-like	<input type="checkbox"/> Conversational	<input type="checkbox"/> Simple phrases	<input type="checkbox"/> Not applicable
Rate your ability to SPEAK the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to READ the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to WRITE the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
If needed, are you comfortable in assisting or interpreting for limited English clients/customers who speak your language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	

*An Equal Opportunity Employer*

## **IMPORTANT INFORMATION FOR STATE OF HAWAII CIVIL SERVICE EMPLOYMENT**

**State of Hawaii Department of Human Services  
Personnel Office – 1390 Miller Street, Room 202 – Honolulu, HI 96813**

*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 or court record, citizenship, genetic information or any other protected characteristics. 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, licensure, certification, security clearances, 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. Applicants must meet the requirements and qualify on appropriate employment related tests to be eligible for employment consideration.

**LEGAL AUTHORIZATION TO WORK REQUIREMENT:** The State of Hawaii requires 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.

**HAWAII STATE RESIDENCY REQUIREMENT:** Effective July 1, 2007, persons who are non-residents 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.

**PHYSICAL/MEDICAL REQUIREMENTS:** Applicants must be able to perform the essential functions of the position effectively and safely, with or without reasonable accommodation.

**REASONABLE ACCOMMODATION:** Applicants with special needs should contact our Civil Rights Compliance Officer during business hours at (808) 586-4955 at the time of application.

**LANGUAGE ACCESS ASSISTANCE:** All of our written and oral material will be provided to you in English. If you need assistance, please contact our department's Civil Rights Compliance Officer by telephone at (808) 586-4955 during normal business hours or write to the Civil Rights Compliance Officer, Department of Human Services, 1390 Miller Street, Room 202, Honolulu, HI 96813.

**VETERANS PREFERENCE POINTS:** (Open Competitive Recruitments Only). To receive 5 Veterans Preference Points, an applicant must submit a copy of the DD214 (Member 4) verifying dates of honorable service. To receive 10 Veterans Preference Points, submit a copy of an official statement/letter from the U.S. Department of Veteran Affairs or armed service 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.

*(Continued on page 2)*

**DEPARTMENT OF HUMAN SERVICE'S LEVELS OF REVIEW:** Applicants will be notified of their status in writing. Applicants who do not agree with a decision or action taken by the Department of Human Services shall have two successive levels of review. Each review must be concluded before an applicant may request the next higher review. Note that each review is addressed to a specific office.

**1. INTERNAL COMPLAINT.** This is the first level of review. An applicant who does not agree with an action taken on your application, may file an Internal Complaint with the Department of Human Services. This must be done by submitting the Department of Human Services Internal Complaint Form, DHS9005 to the Department of Human Services, Personnel Office within (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.

**2. APPEAL TO THE MERIT APPEALS BOARD.** An appeal to the Merit Appeals Board is the second level of review. An applicant who does not agree with an action resulting from the Internal Complaint with the Department of Human Services may then file an appeal to the Merit Appeals Board. Further information and details regarding procedures, required forms, and the mailing address to file an appeal are available at <http://hawaii.gov/hrd/main/ecd/mab>. If the applicant does not agree with the internal complaint decision rendered by the Department of Human Services, it may be appealed in writing to the State Merit Appeals Board within twenty (20) days from the date of the action on the internal complaint. An internal complaint must have been completed by the Department of Human Services before an appeal may be requested.

**If you have questions, please contact our office during business hours at (808) 586-4969 for further information.**





# 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 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 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

## 10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO

B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? ☐ YES ☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? ☐ YES ☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? ☐ YES ☐ NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**1. POSITION TITLE APPLYING FOR:** \_\_\_\_\_

**2. RECRUITMENT NUMBER APPLYING FOR:** \_\_\_\_\_

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

**3. NAME:**

Last First Middle

**4. OTHER NAMES USED OR FORMER**

**LAST NAME:** \_\_\_\_\_

**5. E-MAIL**

**ADDRESS:** \_\_\_\_\_

**6. MAILING**

**ADDRESS:** \_\_\_\_\_

P.O. Box or Number and Street

City State Zip Code

**7. PHONE NO.:** \_\_\_\_\_

Home Other

**8. EDUCATION HISTORY:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT  
WRITE  
IN THIS  
SPACE**

**A. NAME AND LOCATION** (city and state) of last grade school attended: (elementary, intermediate or high school)

(School name/type)

(City/State/Country)

**Did you graduate?** ☐ Yes ☐ No **If no, what grade level did you complete?** \_\_\_\_\_

**Did you receive a GED?** ☐ Yes ☐ No

**B. TRAINING:** In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

**A. DRIVER'S LICENSE:** ☐ Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.

☐ No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

**B. OTHER LICENSES OR CERTIFICATES:** Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

**C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH:** List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

**D. SPECIAL QUALIFICATIONS:** Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**10. EXPERIENCE:** Please type or print legibly in blue or black ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.  
Please complete this section even if you are attaching a resume or other documents.

<b>Your Present or Last Position</b>	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name \_\_\_\_\_

### DISABILITY CLAIMS SPECIALIST SUPPLEMENTAL FORM

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

---

#### SECTION I: EDUCATION REQUIREMENT

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

YES \_\_\_\_\_ Complete 1, then proceed to Section II.

NO \_\_\_\_\_ Complete 2, then proceed to Section II.

1. Name of University \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

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

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

YES \_\_\_\_\_ Complete 3, then proceed to Section II.

NO \_\_\_\_\_ Proceed to Section II.

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

a. Name of Employer: \_\_\_\_\_

b. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

c. Average number of hours worked per week: \_\_\_\_\_

d. Position Title: \_\_\_\_\_

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

\_\_\_\_\_

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

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

---

---

---

---

---

---

---

---

---

---



---

## SECTION II: GENERAL EXPERIENCE REQUIREMENT

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

YES \_\_\_\_\_ Complete 4, then proceed to Section III.

NO \_\_\_\_\_ Proceed to Section III.

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

a. Name of Employer: \_\_\_\_\_

b. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

- c. Average number of hours worked per week: \_\_\_\_\_
- d. Position Title: \_\_\_\_\_
- e. Name(s) and title(s) of your supervisor(s): \_\_\_\_\_  
\_\_\_\_\_
- f. Number and title(s) of the people you supervised: \_\_\_\_\_  
\_\_\_\_\_
- g. Give a detailed description of your duties and responsibilities, including a breakdown of the average number of hours per week spent performing each of your duties and responsibilities. Duplicate this form or use additional sheets as necessary.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION III: SPECIALIZED EXPERIENCE REQUIREMENT

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

YES \_\_\_\_\_ Complete 5, then proceed to Section IV.

NO \_\_\_\_\_ Proceed to Section IV.

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

a. Name of Employer: \_\_\_\_\_

b. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year



- c. Average number of hours worked per week: \_\_\_\_\_
- d. Position Title: \_\_\_\_\_
- e. Name(s) and title(s) of your supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_
- f. Number and title(s) of the people you supervised: \_\_\_\_\_  
 \_\_\_\_\_
- g. Give a detailed description of your duties and responsibilities, including a breakdown of the average number of hours per week spent performing each of your duties and responsibilities. Duplicate this form or use additional sheets as necessary.
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

---

#### SECTION IV: CERTIFICATION

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of Hawaii  
Department of Human Services  
Employment Availability Information Form

TYPE OR PRINT LEGIBLY IN INK

TITLE OF JOB APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

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 Makalo, Kapolei, Barber's Point, Ewa Beach)

☐ Waipahu to Aiea (Includes Waikale, 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)

☐ Aiea Haina to Hawaii Kai

☐ Waimanalo / Kailua

☐ Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waiakane)

☐ Kaaawa to Kahuku (Includes Punaluu, Hauula, Late, Kuliima)

☐ North Shore (Includes Waimea, Haleiwa, Waialua)

☐ Wahiawa / Kunia / Mililani

☐ Waianae Coast (Includes Nanakuli, Maili, Waianae, Makaha)

■ **HAWAII**

☐ Hilo (Includes Papaikou, Pepekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)

☐ Honokaa / Hamakua (Includes Ooala, Paaui, Paauihau, Haina, Kukuiahae)

☐ Kamuela / Kohala / Waikoloa (Includes Halaula, Kapaa, Hawi, Kawaihae)

☐ Kona (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahou, Kealahou, Captain Cook, Honaunau)

☐ Ka'u (Includes Ocean View, Naalehu, Pahala)

☐ Puna (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keaau, Pahoa, Kapoho)

Remarks: \_\_\_\_\_

DO NOT WRITE IN THIS BOX

Grade: \_\_\_\_\_

Exam No.: \_\_\_\_\_

List Est.: \_\_\_\_\_

Ext.: \_\_\_\_\_

DL: ☐ Yes ☐ No

**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.

- Permanent jobs ☐ Full-time ☐ Part-time
- Temporary jobs of 2 to 5 months ☐ Full-time ☐ Part-time
- Temporary jobs of 6 to 12 months ☐ Full-time ☐ Part-time
- Temporary jobs of more than 12 months ☐ Full-time ☐ Part-time

5. A job at a lower rate of pay

6. I am available for immediate employment referral (or after 2-3 weeks notice). ☐ Yes ☐ No

\*Note: If you check No\*, you must notify us in writing when you are available for employment referral no sooner than four weeks before you become available.