

**DHS 145 - Applicant Data Sheet**  
 STATE OF HAWAII - DEPARTMENT OF HUMAN SERVICES

1. \_\_\_\_\_  
 Position Title

2. \_\_\_\_\_  
 Division

3. \_\_\_\_\_  
 Date

4. \_\_\_\_\_  
 NAME: First Middle Last

5. \_\_\_\_\_  
 PHONE: Home / Other

6. \_\_\_\_\_  
 MAILING ADDRESS: Number Street City Zip Code Island

7. \_\_\_\_\_  
 E-MAIL ADDRESS

8. **EDUCATION:** \_\_\_\_\_  
Name of last grade school attended (elementary, intermediate or high school) Highest grade completed

Did you graduate?  YES  NO      Did you receive a GED?  YES  NO

In-service training; Business or Trade school; Armed Forces training; College, University, or Professional Schools, etc.				
Name and Address of School(s)	Course or Major field of Study	No. of Credits Completed		Kind of Degree, Certificate, Diploma Received
		Sem.	Qtr.	

9. **LICENSES, CERTIFICATES, OTHER QUALIFICATIONS (Including Driver's License):** Indicate the kind of license, registration number, and the State or other Licensing Authority:

A. **Driver's License:**  Yes, I have a valid driver's license and/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 of license, registration number, and the State or other Licensing Authority. If proof of evidence is required, please submit a photocopy or present for verification.

\_\_\_\_\_

\_\_\_\_\_

10. **WORK EXPERIENCE:** Begin with your present or last position and work backwards. Include military experience. 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.**

Employer: _____ Address: _____ Phone Number : _____ Name and Title of Supervisor: _____ Your Title: _____ Duties and Responsibilities: _____ _____ _____ _____	From: _____ Mo/Yr To: _____ Mo/Yr <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours worked per week _____ Starting Salary: _____ per _____ Ending Salary: _____ per _____ Reason(s) for leaving: _____ _____
Employer: _____ Address: _____ Phone Number : _____ Name and Title of Supervisor: _____ Your Title: _____ Duties and Responsibilities: _____ _____ _____ _____	From: _____ Mo/Yr To: _____ Mo/Yr <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours worked per week _____ Starting Salary: _____ per _____ Ending Salary: _____ per _____ Reason(s) for leaving: _____ _____
Employer: _____ Address: _____ Phone Number : _____ Name and Title of Supervisor: _____ Your Title: _____ Duties and Responsibilities: _____ _____ _____ _____	From: _____ Mo/Yr To: _____ Mo/Yr <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours worked per week _____ Starting Salary: _____ per _____ Ending Salary: _____ per _____ Reason(s) for leaving: _____ _____

I hereby certify that the above information is 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 Hawaii. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date