



CAREER OPPORTUNITY

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



Opening Date:
February 1, 2019

03201-4:112213:13

Continuous Recruitment Until Needs Are Met

VOCATIONAL REHABILITATION SPECIALIST IV – DHS RECRUITMENT NO. 18-03 VOCATIONAL REHABILITATION SPECIALIST III (STATE PLAN COUNSELOR - DEAF SERVICES SECTION)

Immediate Vacancy in Downtown, Oahu Employment Only

\$4,413.00 - \$5,373.00 (SR 22, Step C to H) per month*
\$4,079.00 - \$4,968.00 (SR-20, Step C to H) per month*

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

*The recruitment for this position vacancy is being conducted as a multi-level recruitment. Applicants must specify, at the time of application, **each level** for which they wish to be considered. Qualified applicants will be referred for consideration at the Vocational Rehabilitation Specialist III only if there are insufficient qualified applicants at the Vocational Rehabilitation Specialist IV.*

JOB DUTIES: Provides the full range of vocational rehabilitation services to a caseload of individuals who are deaf, deaf-blind or hard of hearing, to assist them in achieving an employment outcome.

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:

Vocational Rehabilitation Specialist (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).

Vocational Rehabilitation Specialist (VRS) IV:

In addition to the preceding requirements for the VRS III level, applicants must possess one (1) 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.

Selective Certification Requirements:

The applicant must possess at least one (1) year of professional work experience which provided the knowledge of the causes and treatment of deafness; evaluation and remediation methods; psycho-social and cognitive influences of deafness, especially relating to individuals with pre-lingual versus post-lingual onset of deafness; adjustment process to deafness; critical educational issues of oralism, total communication, main streaming, self-contained classes, transition for independent functioning, and the implications for the functioning of people who are deaf in the community; dynamics of the deaf

community and its influence on the rehabilitation of individuals who are deaf; perceptions and misconceptions of the hearing community and their influence on the rehabilitation of individuals who are deaf; physical and interpersonal accommodations and assistive devices appropriate for individuals who are deaf; in school, work or a home setting; unique work needs of individuals who are deaf and methods available to the employer to meet their needs; and the ability to communicate effectively with individuals who are deaf.

American Sign Language

The applicant must also possess the ability to communicate effectively with deaf persons by use of American Sign Language (ASL). Such an ability may be demonstrated either by experience with hearing-impaired persons which demonstrated knowledge of and ability to communicate with deaf persons using ASL or by formal training in ASL communication.

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 program and/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/>.
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 III and IV.

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: <http://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. It is, therefore, 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 qualifications 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 application 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

Or by mail to: Department of Human Services
P.O. Box 339
Honolulu, Hawaii 96809-0339

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.

APPLICANT DATA SURVEY

(Page 1 of 2)

NAME		DATE	
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'i Career Opportunity announcement, complete an additional line for each additional level of work.			
JOB(S) APPLYING FOR	TITLE	RECRUITMENT NUMBER	

APPLICANT DATA SURVEY (Optional)						
The State of Hawaii'i 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	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 and over
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female						
ETHNICITY (Check the box below if you are of Hispanic Origin)						
<input type="checkbox"/> 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)						
<input type="checkbox"/> 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).						
<input type="checkbox"/> Black or African American: All persons having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> 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'i, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc.						
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Part Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro						
<input type="checkbox"/> 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.						
<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese						
<input type="checkbox"/> 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.

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	

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 HAWAI'I 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. WORK AUTHORIZATION

- A. Are you legally authorized to work in the United States? Yes No
- B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

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 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.

Your Present or Last Position	Employer _____	From: _____
	Address _____	Month Year
	Supervisor's Name and Title _____	To: _____
	Company Phone Number _____	Month Year
	Company URL Internet Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Your Position Title and Duties _____	Average hours worked per week _____
	_____	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: _____
Address _____	Month Year
Supervisor's Name and Title _____	To: _____
Company Phone Number _____	Month Year
Company URL Internet Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Position Title and Duties _____	Average hours worked per week _____
_____	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: _____
Address _____	Month Year
Supervisor's Name and Title _____	To: _____
Company Phone Number _____	Month Year
Company URL Internet Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Position Title and Duties _____	Average hours worked per week _____
_____	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: _____
Address _____	Month Year
Supervisor's Name and Title _____	To: _____
Company Phone Number _____	Month Year
Company URL Internet Address _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Position Title and Duties _____	Average hours worked per week _____
_____	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 III & IV
 Select Certification Requirements – Knowledge of Deafness
 (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 Check which of the following you possess. Provide a complete description and attach verifying documentation or evidence of fulfillment.

Level(s) applying for:	Minimum Requirement:	Description:
<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.	

PART II: 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: _____

Selective Certification Requirements:

Professional work experience which provided the demonstrated knowledge of the causes and treatment of deafness; evaluation and remediation methods; psycho-social and cognitive influences of deafness, especially relating to individuals with pre-lingual versus post-lingual onset of deafness; adjustment process to deafness; critical educational issues of oralism, total communication, main streaming, self-contained classes, transition for independent functioning , and the implications for the functioning of people who are deaf in the community; dynamics of the deaf community and its influence on the rehabilitation of individuals who are deaf; perceptions and misconceptions of the hearing community and their influence on the rehabilitation of individuals who are deaf; physical and interpersonal accommodations and assistive devices appropriate for individuals who are deaf; in school, work or a home setting; unique work needs of individuals who are deaf and methods available to the employer to meet their needs; and the ability to communicate effectively with individuals who are deaf.

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

TYPE OR PRINT LEGIBLY IN INK

State of Hawaii
Department of Human Services
Employment Availability Information Form

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 Makakilo, Kapolei, Barber's Point, Ewa Beach)
- Waipahu to Aiea (Includes Waikē, Waipio, Pearl City)
- Halawa to Kalihi
(Includes Aliamanu, Airport, Salt Lake, Moanaiua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- Downtown (Includes Nuuanu, Pauoa, Makihi-Kapiolani, Ala Moana)
- Manoa to Kahala (Includes McCully, Mōiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- Aiea Haina to Hawaii Kai
- Waimanalo / Kailua
- Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waiakeane)
- Kaawaha to Kahuku (Includes Punahuu, Hauula, Laie, Kuliima)
- North Shore (Includes Waimea, Haleiwa, Waialua)
- Wahiawa / Kunia / Milliani
- Waianae Coast (Includes Nanakuli, Maili, Waianae, Makaha)

■ MAUI

- Wailuku / Kahului (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina
- Maalaea / Kihei / Wailea
- Hana
- Makawao (Includes Pukalani, Hallimale, Haiku, Pata)
- Kula

■ KAUAI

- Lihue (Includes Hanamaulu)
- Kapaa (Includes Wailua, Kealia, Anahola)
- Hanalei (Includes Kilauea, Princeville, Haena)
- Waimea (Includes Kokee, Kekaha, Kaunakani, Hanapepe, Eleele, Port Allen, Kalahao)
- Koloa (Includes Lawai, Omao)

■ LANAI

- Lanai City

■ MOLOKAI

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

- HAWAII
 - Hilo (Includes Papaikou, Pepeekeo, Honomuu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
 - Honokaa / Hamakua (Includes Ooaka, Paauilo, Paaunau, Haina, Kukuhihaele)
 - Kamuela / Kohala / Waikoloa (Includes Halaula, Kapaau, Hawi, Kawaihae)
 - Kona (Includes Keahole, Kailua-Kona, Holualoa, Keaunou, Kealakakua, Captain Cook, Honaunau)
 - Kai'u (Includes Ocean View, Naalehu, Pahala)
 - Puna (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kuristown, Keaau, Pahoa, Kapoho)

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 Full-time Part-time
- 2. Temporary jobs of 2 to 5 months Full-time Part-time
- 3. Temporary jobs of 6 to 12 months Full-time Part-time
- 4. Temporary jobs of more than 12 months Full-time Part-time

- 5. A job at a lower rate of pay Yes No
 - 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.

DO NOT WRITE IN THIS BOX

Grade: _____

Exam No.: _____

List Est.: _____

Ext.: _____

DL: Yes No

Remarks: _____