

**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:** You must provide all of your employment history for your last ten years of employment; begin with your present or last position and work backwards. Include military experience and volunteer work. 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. **You must complete this section even if you are attaching a resume or other documents.**

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

I hereby certify that the above information is true and correct to the best of my knowledge and provides accurate information on the last ten years of my employment history. I agree and understand that any omissions or 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