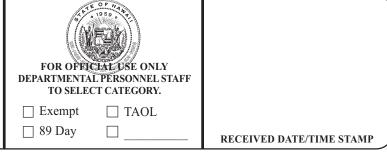
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF TRANSPORTATION

Human Resources, 869 Punchbowl Street, 5th Floor Honolulu, Hawaii 96813



GENERAL INSTRUCTIONS TO APPLICANT: 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.
 - This application form is to be used for non-civil service appointments.
 - 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. POSITION TITLE APPLYING FOR 2. RECRUITMENT NUMBER or POSITION NUMBER 3. NAME:	 8. 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
Last First Middle OTHER NAMES USED OR FORMER 4. LAST NAME:	 9. NOTICE OF "AT WILL" EMPLOYMENT The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time. CERTIFICATE OF APPLICANT I have been informed and understand that this application is for
City State Zip Code E-MAIL 6. ADDRESS: PHONE 7. NUMBER: Home Other	Index open informed and understand understand understand understand understand is the open is for no benefits, and employment, if offered, is only on an "At Will" basis. 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

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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.

DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVIC					
	VES	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.)					
WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES?	 YES	NO			
HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? (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.)	 YES	. NO			
(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the speci	fic	NO			
		□NO			
	Within the past five years, were you: A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?	Within the past five years, were you:			

1. POSITION TITLE APPLYING FOR: 2. RECRUITMENT NUMBER or POSITION NUMBER:					STAFF TO SELECT CATEGORY Exempt TAOL 89 Day	
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.	he information you provide in the information you s	Box or Home the applicatio is section will submit on	Number State n. If not, yc	Other ou may not receive credit ictly in the evaluation of	DO WR IN 1 SPA	
A. NAME AND LOCATION (city and state) of last grade school attended: (el (School name/type) Did you graduate? Yes No If no, what grade level did you compl Did you receive a GED? Yes No B. TRAINING: In-service training, business, trade, armed forces, college or universes.	(City/State/Countr	y)			_	
NAME & ADDRESS	Course or Major Field of Study	Number o or Hours C Semester		Kind of Degree, Diploma or Certificate Received	_	
LICENSES, CERTIFICATES, OTHER QUALIFICATIONS A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am ab No, I do not have a driver's license and/or I a a driver's license. B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, regi 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.	am not interested in being con	or other lice ATIONS: Inconors, awards,	ositions w	hich require ority. <i>If proof of</i>		
LANGUAGE SPEAK READ WRITE					-	

EDUCATION AND EMPLOYMENT HISTORY STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. 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. **Do not submit a resume in place of completing this page.**

Employer	From:
Employer	From:
Did you supervise? Yes No If yes, how many employees? Employer	May we contact this employer? Yes No From: To: To: Full Time PartTime Vear Volunteer Average hours worked per week Reason(s) for leaving
Did you supervise? Yes No If yes, how many employees? Employer	May we contact this employer? Yes No