

## STATE OF HAWAII DEPARTMENT OF TRANSPORTATION STUDENT EMPLOYMENT APPLICATION

## PLEASE SUBMIT ONLY ONE APPLICATION

A student applying for employment must have been accepted and certify attendance as a full-time student at an educational institution for the upcoming academic or school year.

NAME	≣:						
	E:(Last)	(First)	(First)				(Middle Initial)
LAST	AST 4 DIGITS OF SSN: xxx-xx		Phone No.:			Email address:	
HOME	E ADDRESS:						
MAILI	ING ADDRESS:						
CITY:		STATE: _				ZIP CODE:	
1.	Are you a resident of Hawaii? _	Yes _	No				
2.	Are you a citizen, permanent re	sident alien	or nat	ional o	f the Un	ited States:	Yes No
3.	Briefly describe the kinds of work for which you wish to be hired (descriptions such as "anything" or "whatever is available" are too vague):						
4.	List the types of skills or experience skills, languages):	•		•		• •	ing speed, computer
5.	Do you have a valid Hawaii Sta	te driver's lid	cense?		_Yes	No	
6.	Are you available for Shift work	?Ye	s	_ No			
EDUC	CATION:						
7.	Were you enrolled as a full-time School Name:  Location:						
8.	What grade in school or year in	college did	you co	mplete	this pa	st May/June? _	
۵	Have you been accepted as a fu	ıll time etud	ont for	the fol	l term?	Vec	No

## Will you be attending this school in the fall term? \_\_\_\_\_Yes \_\_\_\_\_ No 10. College Major? \_\_\_\_\_ College Minor? \_\_\_\_ In Case of Emergency, Please Notify: Name: Address: Relationship: Phone No.: (Bus) \_\_\_\_\_ (Home) \_\_\_\_ (Cell) \_\_\_\_\_ Please indicate the date you are available to begin employment: "I hereby certify that the information provided on this form are true and correct." **Your Signature** Date

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