

# STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

#### DEPARTMENT OF AGRICULTURE

Personnel Office 1428 South King Street, Honolulu, Hawaii 96814-2512

#### **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.

A. Are you legally authorized to work in the United

B. Will you now or in the future require sponsorship by

No

1. WORK AUTHORIZATION

States? Yes

Please answer both A and B below:

• 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.

### the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes 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: _			Middle				
7. MAILING ADDRESS:							
		or Number an	d Street				
City  8. PHONE NUMBER:		State	Zip Code				
-	Hor	ne	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 Applican

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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.

19.	or restriction from applying with the State of Hawai'i.)	
18.	SETTLEMENTS OR AGREEMENTS  Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Progra or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i?  (If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your sett	\_YES\_NO
17.	Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?	
16.	SUSPENSION OR REVOCATION OF LICENSE	
	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.)	
13.	nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)	
12.	WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? (If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates,	YESNO
11.		
	(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.)	
10.	Within the past five years, were you:  A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?  B) Separated from military service under conditions other than honorable?	YES NO

### STATE OF HAWAI'I DEPARTMENT OF AGRICULTURE Application For Civil Service Positions EDUCATION AND EMPLOYMENT HISTORY

EDUCATION AND EM	PLOTMENT HISTORY
1. POSITION TITLE APPLYING FOR:	
2. RECRUITMENT NUMBER APPLYING FOR:	
The information you provide will be used to determine whether you meet 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 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.	Last First Middle  4. OTHER NAMES USED OR FORMER LAST NAME:  5. E-MAIL ADDRESS:  6. MAILING ADDRESS: P.O. Box or Number and Street
<b>8. EDUCATION HISTORY:</b> When verification is required, the documentation m for the training and/or your application may be considered incomplete and rejected. Th your qualifications for the position(s) for which you are applying.	the information you provide in this section will be used strictly in the evaluation of II.  g. The information you submit on this form may be verified.
A. NAME AND LOCATION (city and state) of last grade school attended: (ele (School name/type)  Did you graduate? Yes No If no, what grade level did you comple Did you receive a GED? Yes No  B. TRAINING: In-service training, business, trade, armed forces, college or universal school of the complete school attended: (ele (School name/type))  Did you graduate? Yes No	(City/State/Country)
NAME & ADDRESS	Course or Major Number of Credits Kind of Degree, Field of Study or Hours Completed Diploma or Certificate Semester Quarter Received
	ole to obtain a valid driver's license by the time of appointment.  am not interested in being considered for positions which require  istration number, and the State or other licensing authority. If proof of
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.  LANGUAGE  SPEAK READ WRITE	D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

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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.

Present or Last Position	Employer	Average hours worked per week
Your Pres	Do you supervise? Yes No If yes, how many employees?	May we contact this employer?  Yes No
Si C C	mployer	Average hours worked per week
En A Su Co	id you supervise? Yes No If yes, how many employees?	- Avaraga haura warkad par waak
Et Ac St Cc Cc	id you supervise?	May we contact this employer? Yes No  From:  To:  Full Time Part Time Volunteer  Average hours worked per week Reason(s) for leaving
— — D:	d you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No