

Information requested in items 11 through 15 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you for 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. The information on this page will not be released to persons involved in the appointment process.

11. 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 11a or 11b, please indicate in item #15 below, the date 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.)

12. CONVICTION FOR A VIOLATION OF LAW

A. Have you been convicted of a violation of law? NOTE: In answering this question, you need NOT report the following: YES NO

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of penal offenses for which only fines and no jail sentences may be imposed;
- (5) Convictions of misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B. 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 question 12A or 12B, please indicate 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. 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 indicate in item #15 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.)

14. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, have any restrictions that you would not seek further employment with the State of Hawaii? YES NO

15. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

EMPLOYMENT AND EDUCATION HISTORY

1. RECRUITMENT NUMBER: TAOL 2. JOB TITLE(S) _____
 (Temporary Appointment Outside of List)

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
 Other names used First Middle Last
 (including maiden name) _____

MAILING

4. ADDRESS: _____
 Number or P.O. Box Street

 City State Zip Code

5. PHONE NO.: _____
 Business Home

6. SOCIAL SECURITY NUMBER: _____

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position for which you are applying.

DO NOT WRITE IN THIS SPACE

A. Name and location of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed	Date of Graduation			
B. In-service training, business, trade, armed forces, colleges or university, graduate of professional schools					
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Sem'tr	Quarter		

8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a copy or present for verification.*

B. 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

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

9. 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 types of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Your answers may be verified with former employers. **Please complete this section even if you are attaching a resume or other attachments.**

Your Present or Last Position	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Employer _____ Address _____ _____ Name and Title of Your Supervisor _____ Your Title _____ Duties and Responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____