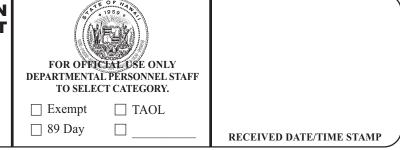
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF LAND & NATURAL RESOURCES Personnel Office, Room 231 1151 Punchbowl Street, 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.

	8. WORK AUTHORIZATION
1	Please answer both A and B below:
POSITION TITLE APPLYING FOR	 A. Are you legally authorized to work in the United States? Yes No
2	 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	9. NOTICE OF "AT WILL" EMPLOYMENT
USED OR FORMER 4. LAST NAME: MAILING 5. ADDRESS:	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.
P.O. Box or Number and Street	CERTIFICATE OF APPLICANT I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will"
City State Zip Code E-MAIL 6. ADDRESS:	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
PHONE 7. NUMBER: Home Other	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.

	Y SERV	ICE
	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?	A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?

STATE OF HAWAI'I DEPARTMENT OF LAND & NATURAL RESOURCES EDUCATION AND EMPLOYMENT HISTORY

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

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY
Exempt TAOL
🗌 89 Day 🔲

1. POSITION TITLE APPLYING FOR:_____ 2. RECRUITMENT NUMBER ₀r POSITION NUMBER:_

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.

4. OTHER NAMES USED OR FORMER LAST NAME:	Last	First	Middle
5. E-MAIL ADDRESS:			
5. MAILING ADDRESS:	P.O. Box o	r Number and Street	
	r.u. dux 0	Number and Street	

8. EDUCATION HISTORY: 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(s) for which you are applying. The information you submit on this form may be verified.

WRITE
IN THIS
SPACE

A. NAME AND LOCATION (city and state) of last grade school atter	nded: (elementary, intermediate or high school)
(School name/type)	(City/State/Country)

Did you graduate?	Yes	No	If no,	what grade	level did y	ou complet	e?
Did CI							

Did you receive a GED? Yes No

B.	TRAINING: I	In-service training,	business, trade	, armed forces,	college or u	iniversity, g	raduate of p	rofessional schools.

NAME & ADDRESS	Course or Major Field of Study		of Credits Completed Quarter	Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	Received

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS
A DRIVER'S LICENSE: Ves I have a valid driver's license or I am able to ob

JCENSE: Yes, I have a valid driver's license 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, registration number, and the State or other licensing authority. *If proof of 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.

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.

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.**

Your Present or Last Position	Employer Address Supervisor's Name and Title Company Phone Number Company URL Internet Address Your Position Title and Duties Do you supervise? Yes No If yes, how many employees?	From: Month Year To:
A S C C	Employer	From:
E A Si C C	Did you supervise? Yes No If yes, how many employees? Cmployer	May we contact this employer? Yes No From:
	Did you supervise? Yes No If yes, how many employees? mployer	May we contact this employer? Yes No From:
	Vid you supervise? Yes No <i>If yes,</i> how many employees?	May we contact this employer? Yes No