

**County of Hawai'i**  
**Department of Human Resources**  
 Aupuni Center  
 101 Pauahi Street, Suite No. 2  
 Hilo, Hawai'i 96720-4224

Telephone: (808) 961-8361  
 Job Hotline: (808) 961-8618 Fax: (808) 961-8617  
[www.co.hawaii.hi.us](http://www.co.hawaii.hi.us)

e-mail inquiries: [jobs@co.hawaii.hi.us](mailto:jobs@co.hawaii.hi.us)

**COUNTY OF HAWAI'I**  
**APPLICATION FOR EMPLOYMENT**

Recruitment open to everyone, residents of the State of Hawai'i and non-residents

**-INSTRUCTIONS-**

- Type or print legibly in ink.
- Fill out both sides carefully and completely.
- The information you provide will determine whether you meet the minimum qualification requirements on the recruitment announcement. All information provided is subject to verification.
- Your failure to properly fill out this application may result in your application not being accepted for employment consideration.
- Notify us of any changes in your address or telephone numbers. We will not be responsible for any mail or correspondence which does not reach you.

\_\_\_\_\_  
**JOB APPLYING FOR**

\_\_\_\_\_  
**RECRUITMENT NUMBER**

**LEGAL NAME:**

\_\_\_\_\_  
 First Middle Last

**MAILING ADDRESS:**

\_\_\_\_\_  
 Street or P.O. Box

\_\_\_\_\_  
 City State Zip Code

**TELEPHONE:**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Business

( ) \_\_\_\_\_ E-mail Address  
 Cell (optional)

**CITIZENSHIP:** Check the appropriate box below which authorizes you to work in the United States.

- A.  Citizen of the United States  
 B.  National of the United States  
 C.  Permanent Resident Alien of the United States  
 D.  Eligible under federal law for unrestricted employment in the United States

**VETERAN'S PREFERENCE:**

- I claim:  
 None  
 5 points – I am submitting a copy of my DD-214 Form  
 10 points – I am submitting a copy of my DD-214 Form indicating receipt of a Purple Heart award, and/or an official statement from the Veteran's Administration or armed forces. (Eligible spouses or widows applying for veteran's preference must also submit appropriate documentation.)

**For Police Officer I recruitment only:**

Are you at least 21 years of age?  Yes  No

**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 County of Hawai'i.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**DO NOT WRITE IN SPACES BELOW**

WT	RS	CS	Score
T&E			
PT			
Accepted			VP
Not Accepted			FS

**LEGAL NAME:**

**EDUCATION & SPECIAL TRAINING:** Attach copies of diplomas, certificates, transcripts, etc. required for this position. Refer to recruitment announcement for requirements.

Have you graduated from high school or received a high school equivalent diploma? Yes  No  If no, indicate highest grade completed \_\_\_\_\_.

Name and location of high school \_\_\_\_\_

**BUSINESS, TRADE, ARMED FORCES, COLLEGE, UNIVERSITY, GRADUATE, AND PROFESSIONAL SCHOOLS**

NAME OF SCHOOL	ADDRESS (CITY, STATE)	Total Credit Hours Completed	Major Course of Study	Graduated		Type of Degree or Cert
				Yes	No	

If required on recruitment announcement, CHECK ONE: College Transcript is  Attached  Being Obtained

**LICENSE:** List any licenses, registrations, or certificates that you possess which are required for this position. (Attach copies with your application – refer to recruitment announcement.)

Driver's License	Class Code	Expiration Date

Certificate(s):

**EMPLOYMENT EXPERIENCE**

**INSTRUCTIONS:** Begin with your present employment or last job held and list all full-time, part-time, volunteer, and military experience.

Describe in detail nature of work personally performed by you. Be sure to list each change in title or promotion separately if your duties and responsibilities changed while working for the same employer.

May we check your employment record with your present and former employers?  Yes  NO

Present or Last Position	Employer	From	mo.	/yr.
	Address	To	mo.	/yr.
	Name & Title of Immediate Supervisor	Total	_____	
	Your Title	Years	Months	
	Duties:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
		Av Hrs per Wk	_____	
		Salary	_____	
		(First Last)		
	Reason for leaving:	_____		
Employer	From	mo.	/yr.	
Address	To	mo.	/yr.	
Name & Title of Immediate Supervisor	Total	_____		
Your Title	Years	Months		
Duties:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
	Av Hrs per Wk	_____		
	Salary	_____		
	(First Last)			
	Reason for leaving:	_____		
Employer	From	mo.	/yr.	
Address	To	mo.	/yr.	
Name & Title of Immediate Supervisor	Total	_____		
Your Title	Years	Months		
Duties:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
	Av Hrs per Wk	_____		
	Salary	_____		
	(First Last)			
	Reason for leaving:	_____		

COUNTY OF HAWAII  
DEPARTMENT OF HUMAN RESOURCES

**APPLICANT DATA SURVEY**

The following information is requested by the federal government in order to monitor the County of Hawaii compliance with Title VII of the Civil Rights Act of 1964. The information regarding race, color, national origin (ethnicity), or gender designation is requested in order to assure the federal government that County of Hawaii complies with federal laws prohibiting discrimination on the basis of race, color, national origin, or sex. You are not required to furnish this information, but are encouraged to do so by placing an x in the appropriate box below that describes you. If you do not wish to furnish the requested information, please indicate below.

**Position applying for:** \_\_\_\_\_

**Recruitment Number:** \_\_\_\_\_

**How did you find out about this recruitment?** (Check only one)

- Job Hotline
- Newspaper Ad:  Hawaii Tribune-Herald  West Hawaii Today  Other \_\_\_\_\_
- Radio Station \_\_\_\_\_
- TV Station \_\_\_\_\_
- County's Internet Website
- Internal departmental posting
- School/University Name \_\_\_\_\_
- Friend/Relative
- Other (please specify) \_\_\_\_\_

I do  I do not  wish to provide the following information:

**Gender:**  Male  Female

**Ethnic Background:** Please review all categories listed below. Determine the category, which you believe best represents your ethnic background. Check **one** box only.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> African American  | <input type="checkbox"/> Chinese   |
| <input type="checkbox"/> Filipino                          | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Hispanic or Latino (includes Spanish, Cuban, Mexican, Puerto Rican, Central/South American) |
| <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Korean  |  |
| <input type="checkbox"/> Part-Hawaiian                     | <input type="checkbox"/> South Pacific Islander (includes Micronesian, Tongan, Melanesian, Samoan, Tahitian, and other Polynesian descent) | <input type="checkbox"/> White/Caucasian   |
| <input type="checkbox"/> Other _____<br>(please specify)   |  |  |