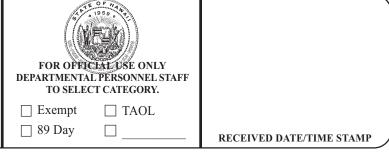
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

UNIVERSITY OF HAWAI'I OFFICE OF HUMAN RESOURCES

2440 Campus Road Administrative Services Building #2 Honolulu, Hawaii 96822-2246



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.

1. POSITION TITLE APPLYING FOR 2.	 8. CITIZENSHIP STATUS. The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States. I acknowledge I have read and understood the above information.
Last First Middle OTHER NAMES USED OR FORMER 4. LAST NAME: MAILING 5. ADDRESS:	9. NOTICE OF "AT WILL" EMPLOYMENT 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 City State Zip Code E-MAIL 6. ADDRESS:	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" 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 this application and understand that there may be additional
PHONE 7. NUMBER: Home Other	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.

	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 specific	fic	NO				
		□NO				
	Within the past five years, were you:	A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?				

11	NAME:			
US 5. 6.	MAILING ADDRESS:	Box or		Middle and Street Zip Code Other
The infor g. The	rmation you provide in th information you s	is section will be submit on this	used str	rictly in the evaluation of
plete? _	(City/State/Country	y)		
cisity, g	Course or Major Field of Study	Number of Cre or Hours Comp	leted	Kind of Degree, Diploma or Certificate Received
am not gistration D. S o	interested in being con n number, and the State SPECIAL QUALIFICA	or other licensin NTIONS: Includ	tions when the second sec	hich require ority. <i>If proof of</i>
	ble to c am not istration	ADDRESS: 6. MAILING ADDRESS: P.O. 1 T. PHONE NO.: must be submitted at the time of the information you provide in this g. The information you s elementary, intermediate or high (City/State/Country olete? rersity, graduate of professional s Course or Major Field of Study ble to obtain a valid driver's lice am not interested in being cons- istration number, and the State D. SPECIAL QUALIFICA	ADDRESS:	ADDRESS:

STATE OF HAWAI'I UNIVERSITY OF HAWAI'I - OFFICE OF HUMAN RESOURCES

FOR OFFICIAL USE ONLY

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.**

Image: Constraint of the second se	May we contact this employer? Yes No
Table 200 T Supervisor's Name and Title [Company Phone Number [Company URL Internet Address [Your Position Title and Duties [E [From:
Employer F Address T Supervisor's Name and Title [] Company Phone Number A Company URL Internet Address A Your Position Title and Duties S Employer S	May we contact this employer? Yes No From:
Employer F Address T Supervisor's Name and Title [] Company Phone Number A Company URL Internet Address S Your Position Title and Duties E	May we contact this employer? Yes No From: Month Year To: Full Time Part Time Volunteer Average hours worked per week Starting Salary Per Ending Salary Per Reason(s) for leaving