EDUCATION AND EMPLOYMENT HISTORY

1. VACANCY IDENTIFICATION NUMBER: _____ 2. JOB TITLE(S) _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements specified in the Career Opportunity announcement. 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 with respect to individuals who are at least 40 years 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 and state 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: _____
First Middle Last

Other names used (including maiden name) _____

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

City Island or State Zip Code

5. PHONE NO.: _____
Business Home

6. SOCIAL SECURITY NUMBER: _____

7. EDUCATION: When verification is required as indicated in the "Career Opportunity" announcement, required documentation must be submitted at the time of 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 job(s) for which you are applying.

A. Name and location of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed:	Date of Graduation	DO NOT WRITE IN THIS SPACE

B. In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or 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 or evidence is required as indicated in the "Career Opportunity" recruitment and examination announcement, 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 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 fill out a blank sheet and attach it to this form. Your answers may be verified with former employers.

DO NOT WRITE IN THIS SPACE

PRESENT OR LAST POSITION

Employer _____
Address _____
Name and Title of Your Supervisor _____
Your Title _____
Duties & Responsibilities _____

From: _____ Month Year
To: _____ Month Year
☐ Full Time ☐ Part Time ☐ Vol.
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 & Responsibilities _____

From: _____ Month Year
To: _____ Month Year
☐ Full Time ☐ Part Time ☐ Vol.
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 & Responsibilities _____

From: _____ Month Year
To: _____ Month Year
☐ Full Time ☐ Part Time ☐ Vol.
Average hours worked per week _____
Starting Salary $ _____ Per _____
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Reason(s) for leaving _____

Employer _____
Address _____
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From: _____ Month Year
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Employer _____
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☐ Full Time ☐ Part Time ☐ Vol.
Average hours worked per week _____
Starting Salary $ _____ Per _____
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Reason(s) for leaving _____

Fill out blank sheets if more space is needed.