



# STATE OF HAWAII

## APPLICATION FORM FOR NON-CIVIL SERVICE TEMPORARY APPOINTMENT OUTSIDE OF LIST (TAOL) POSITIONS

**GENERAL INSTRUCTIONS: Please type or print legibly in ink.**

The information you provide will be used to determine whether you are eligible for the position for which you are applying.

- 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.
- Your application and accompanying material are confidential and becomes the property of the department considering you for the TAOL appointment. Please make your own copy of your application before submitting it.

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.*

<p><b>1. CITIZENSHIP STATUS. Place a checkmark in the appropriate block:</b></p> <p>A. <input type="checkbox"/> Citizen of the U.S.</p> <p>B. <input type="checkbox"/> National of the U.S.</p> <p>C. <input type="checkbox"/> Permanent Resident Alien of the U.S.</p> <p>D. <input type="checkbox"/> Other – Non-citizen of the U.S.</p> <p>Are you authorized under federal law to work in the U.S. without restrictions?  <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Visa _____</p> <hr/> <p><b>2. RESIDENCE STATUS. Check the appropriate block and fill in the spaces:</b>                  Are you a current or former legal resident of Hawai'i? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Month/year Hawai'i residence began: from ____/____/____ to ____/____/____                  Period (mo./yr.) of former legal residency: from ____/____/____ to ____/____/____</p> <p>(NOTE: State law requires most applicants to be legal residents or former legal residents of Hawai'i. If you are in doubt about your status, please complete and submit Form 319 with this application.)</p> <hr/> <p><b>3. UNITED STATES MILITARY SERVICE.</b></p> <p>Veterans Preference I claim <input type="checkbox"/> 5 points <input type="checkbox"/> 10 points (preference)</p> <p>Serial or Service No.: _____</p> <p>Date Entered Service: _____</p> <p>Date Separated Service: _____</p> <p>Type of Last Separation: <input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable</p> <p><b>5 points</b> veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:</p> <p>A. During the period December 7, 1941 to July 1, 1955;</p> <p>B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);</p> <p>C. In a campaign or expedition for which a campaign badge or service medal was authorized.</p> <p><b>10 points</b> veterans preference may be awarded to:</p> <p>A. Honorably separated veterans with service-oriented disability; including those awarded the Purple Heart;</p> <p>B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran for State positions in his/her usual occupation.</p> <p>C. An unmarried, supervising spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.</p> <p><i>To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.</i></p>	<p>4. _____</p> <p style="text-align: center;"><b>JOB TITLE(S) APPLYING FOR</b></p> <p>5. <b>Temporary Appointment Outside of List (TAOL)</b>  <b>RECRUITMENT NUMBER</b></p> <p>6. <b>NAME:</b> _____                  First Middle Last</p> <p style="text-align: center;"><b>MAILING</b></p> <p>7. <b>ADDRESS:</b> _____                  Number or P.O. Box Street</p> <p>City State Zip Code</p> <p>8. <b>PHONE NUMBER:</b> _____                  Business Home</p> <p style="text-align: center;"><b>SOCIAL SECURITY</b></p> <p>9. <b>NUMBER:</b> _____</p> <hr/> <p><b>10. CERTIFICATE OF APPLICANT</b></p> <p>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 employment-related tests as required.</p> <p>_____</p> <p style="text-align: center;">Date Original Signature of Applicant</p>
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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.**

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# 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.

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**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.**

<b>Your Present or Last Position</b>	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 _____ _____ _____