

CITY AND COUNTY OF HONOLULU EMPLOYMENT APPLICATION



Department of Enterprise Services
Blaisdell Center
777 Ward Avenue
Honolulu, HI 96814
(808) 768-5400

Received:
For Official Use Only:

QUAL: _____

DNQ: _____

Experience

Training

Other: _____

PERSONAL INFORMATION

POSITION TITLE:	EXAM ID #: N/A
-----------------	-------------------

LEGAL NAME: (Last, First, Middle)

ADDRESS: (Street, City, State, Zip Code)

HOME PHONE:	ALTERNATE PHONE:	EMAIL ADDRESS:
-------------	------------------	----------------

Birth Month/Day (MM/DD)	Former Last Name, if Applicable (list only one; leave blank if none)
-------------------------	---

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? Yes No
 IF YOU DID NOT GRADUATE, DO YOU HAVE A GED? Yes No

COLLEGE OR UNIVERSITY EDUCATION

SCHOOL NAME:

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	

SCHOOL NAME:

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	

SCHOOL NAME:

SCHOOL LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:	UNITS COMPLETED:	

WORK EXPERIENCE

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			

REASON FOR LEAVING:

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			

REASON FOR LEAVING:

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			

REASON FOR LEAVING:

DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			
DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			
DATES: From: To:		EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, Zip Code)			
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:	
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES:			
REASON FOR LEAVING:			

DRIVER'S LICENSE

DO YOU HAVE A DRIVER'S LICENSE? Yes No

TYPE:	EXPIRATION DATE:	ISSUING STATE:
-------	------------------	----------------

PROFESSIONAL LICENSE/CERTIFICATE

TYPE:	EXPIRATION DATE:
-------	------------------

LICENSE NUMBER:	ISSUING AGENCY:
-----------------	-----------------

PROFESSIONAL LICENSE/CERTIFICATE

TYPE:	EXPIRATION DATE:
-------	------------------

LICENSE NUMBER:	ISSUING AGENCY:
-----------------	-----------------

ADDITIONAL INFORMATION

--

SIGNATURE

I HEREBY CERTIFY that all statements made on or in connection with this application including those regarding my education and employment record are true and correct to the best of my knowledge. I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to any employment in the service of the City and County of Honolulu. I understand that all information is subject to verification.

Further, I understand that I may be required to pass a drug screening test, and that applications and attachments become the property of the City Department of Human Resources and will not be returned. Also, I will keep a copy of this application to bring with me to the interview.

Applicant Name:	Date:
-----------------	-------

REFERENCES (Optional)

REFERENCE TYPE:	NAME:	POSITION:
-----------------	-------	-----------

ADDRESS: (Street, City, State, Zip Code)
--

EMAIL ADDRESS:	PHONE NUMBER:
----------------	---------------

REFERENCE TYPE:	NAME:	POSITION:
-----------------	-------	-----------

ADDRESS: (Street, City, State, Zip Code)
--

EMAIL ADDRESS:	PHONE NUMBER:
----------------	---------------

REFERENCE TYPE:	NAME:	POSITION:
-----------------	-------	-----------

ADDRESS: (Street, City, State, Zip Code)
--

EMAIL ADDRESS:	PHONE NUMBER:
----------------	---------------

I understand that these references may be contacted.

AGENCY WIDE SUPPLEMENTAL QUESTIONS

1. GEOGRAPHIC JOB LOCATION AND AVAILABILITY (Job Type):

Most positions are located at the Blaisdell Center and Tom Moffatt Waikiki Shell and are part-time, nineteen hours per week work schedule. Are you able (i.e. transportation, capability) and willing to work at both sites?

2. I am available for (select all that apply):

- Day Shift, 7:00 am - 4:00 pm
 Swing Shift, 4:00 pm - 12:00 am
 Overnight Shift, 12:00am - 7:00 am

3. OTHER NAMES USED:

Have you used another name in the past?
(Include maiden name, nickname(s), etc.)

- Yes No

4. If you answered "Yes", please list the name(s) by last, first and middle initial.