



An Agency of the State of Hawaii

APPLICATION FOR PART-TIME INTERMITTENT EMPLOYMENT

(NOT TO EXCEED 19.50 HOURS PER WORK WEEK)



An Agency of the State of Hawaii

Stadium Authority

Department of Business, Economic Development & Tourism

P.O. Box 30666, Honolulu, Hawaii 96820-0666

NOTICE OF "AT WILL" EMPLOYMENT

The position that you are applying for is part-time and exempt from the civil service. Therefore, if you are 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 your department head or designee at any time.

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

- This application form is to be used for part-time, intermittent, exempt from civil service positions.
 - 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, address, telephone number, e-mail address or availability information.
 - We will not be responsible for any mail or correspondence which does not reach you.
 - A work permit from the State Department of Labor and Industrial Relations is required for minors under the age of 18.
 - 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 of pages 1 and 2 will not be released to persons involved in the appointment process.
- The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

1. _____

JOB TITLE APPLYING FOR

2. NAME: _____

Last First Middle

3. OTHER NAMES USED OR FORMER LAST NAME: _____

4. MAILING ADDRESS: _____

P.O. Box or Street Address

5. _____

City State Zip Code

6. EMAIL ADDRESS: _____

7. PHONE NUMBER: _____

Home Other

8. CITIZENSHIP STATUS. The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block.

- A. Citizen of the U.S.
- B. National of the U.S. (includes persons born in American Samoa, Includes Swain's Island.)
- C. Permanent Resident Alien of the U.S.
- D. Other – Non-citizen authorized under federal law to work in the U.S.

If you selected "other-Non-Citizen" in Question #8D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

Yes No

Please explain your "yes" or "no" answer.

9. I understand, at the time of hire, I must be a resident of Hawaii.

(Initial here)

10. I am presently employed full-time or part-time by:

- A. The Hawaii State Government C. Not Applicable
- B. The City & County of Honolulu

If employed by the State or County specify Department/Division:

11. 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. A new application is to be submitted for each consideration. 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 Hawaii. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date: _____

Original Signature of Applicant: _____

PLEASE NOTE: Information requested in items 12-17 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 from employment. The circumstances of each individual case will be evaluated against the requirements of the position applied for which you have applied, to determine suitability for employment.

12. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past 5 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 answered "Yes" to question 12A or 12B, please indicate in item 13 below, the date and reason(s) for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

13.

14. CONVICTION OF A VIOLATION OF LAW

Note: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offense for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #15 below.)
- (5) Conviction of a 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.

A. Have you been convicted of a violation of law? Yes No
*Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) **must be reported.***

B. Within the past three years, have you been convicted of any offense related to controlled substances? Yes No

C. 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 answered "Yes" to question 14A, 14B, or 14C, 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.)

15.

16. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restrictions limiting or precluding you from Seeking or securing employment with the State of Hawaii?

Yes No
(If you answered "Yes," to question 16, please explain in detail in item #17 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

17.

1. JOB TITLE APPLYING FOR: _____

2. NAME: _____
 Last First Middle

3. OTHER NAMES USED OR FORMER LAST NAME: _____

4. MAILING ADDRESS: _____
 P.O. Box or Street Address City State Zip Code

5. E-MAIL ADDRESS: _____ 6. PHONE NUMBER _____
 Home Other

8. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: No:
 DRIVER'S LICENSE # _____ State: ____ Class/Type: ____ Expiration Date: ____

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. If proof or evidence is required, please submit a photocopy or present for verification.

9. SPECIAL QUALIFICATIONS OR SKILLS:

10. PROFESSIONAL OR PERSONAL REFERENCES:

Full Name	Street Address	City	State	Zip Code	Telephone Number

11. EDUCATION HISTORY: The information you submit on this form may be verified.

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

Did you graduate? Yes: No: If no, what grade level did you complete? ____
 Did you receive a GED? Yes: No:

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate or professional schools.

<u>Name and Address/Location</u>	<u>No. of credits or Hours completed</u>		<u>Course or Major Field of Study</u>	<u>Kind of Degree Diploma or Certificate Received</u>
	<u>Semester</u>	<u>Quarter</u>		

12. AVAILABILITY: Please indicate your hours of availability.

	SUN	MON	TUE	WED	THU	FRI	SAT
From	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM
To	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM	____ <input type="checkbox"/> AM ____ <input type="checkbox"/> PM

Additional comments: _____

13. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Account for all periods of employment including military service and volunteer work, also include period(s) of unemployment, in separate blocks. Use separate blocks if your duties and responsibilities changed while working for the same employer. If more space is needed, fill out a blank sheet and attach it to this form.

Employer: _____ Address/Phone #: _____ _____ Supervisor's Name & Title: _____ _____ Your Title: _____ Duties and Responsibilities: _____	From: _____ Month Year To: _____ Month Year Average hours worked per week: _____ Reason(s) for leaving:__
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Employer: _____ Address/Phone #: _____ _____ Supervisor's Name & Title: _____ _____ Your Title: _____ Duties and Responsibilities: _____	From: _____ Month Year To: _____ Month Year Average hours worked per week: _____ Reason(s) for leaving:__
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Employer: _____ Address/Phone #: _____ _____ Supervisor's Name & Title: _____ _____ Your Title: _____ Duties and Responsibilities: _____	From: _____ Month Year To: _____ Month Year Average hours worked per week: _____ Reason(s) for leaving:__
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I hereby authorize my present and/or former employers listed above to verify and release employment information.

Signature Date