

COUNTY OF MAUI OFFICE OF COUNCIL SERVICES

200 S. High Street Room 703

Wailuku, Hawaii 96793

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

The County of Maui does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, ancestry, arrest and court record, marital status, or sexual orientation in employment or the provision of services.

Instructions:

- Type or print legibly in ink.
- Fill out both sides carefully and completely.
- The information you provide will determine whether you meet the minimum qualification requirements examination on the announcement.
- Your failure to properly fill out this application may result in your disqualification or dismissal.
- Notify us of any changes to your address or telephone number. We will not be responsible for any mail or correspondence that does not reach you.
- Application assistance and examination accommodation for disabled are available upon request. Please allow sufficient advance notice for examination accommodations, i.e., some accommodations may require at least three days prior notice.

1. CITIZENSHIP:

Check the appropriate block below

NOTE: Applicants must be citizens, nationals or permanent resident aliens of the United States.

- A. ☐ Citizen of the U.S.
- B. □ National of the U.S.
- C. □ Permanent Resident alien of the U.S.
- D. □ Non-citizen. Type of visa _

(For C & D attach verification of alien status and *employment authorization to application)*

Title of .	Job Applying F	For:				
Type of Position:						
• Full-time						
Non-civil service						
• Appointment subject	to approval by t	he Council				
Appointment concurr	ent with the term	n of the Council				
Note: The Office of C have permanent state employment can be ch may be terminated accor-	us. The or anged at any ti	' employees do no dinance governing me, and employee				
2. NAME:						
Last	First	Middle				
3. MAILING ADDRES	S:					
City 4. TELEPHONE:	State	Zip Code				
Home		Business				
5. MAY WE CHECK WITH YOUR PRESI						
5. CERTIFICATE OF A	APPLICANT:					
I HEREBY CERTIFY is complete, true, and counderstand that any mis can disqualify this appetermination in the even Maui (Section 76-29, Hall HEREBY ATTEST the	orrect to the best representation of lication and mo at I am employe awaii Revised St	of my knowledge. of information by many be cause for many dealer to the county of the cautes).				
controlled substance-re period immediately pre for employment (Section	lated offense di ceding the date	ring the three-yea of this application				
Date	Date Signature of Applicant					

Important: The information ye experience evaluation is pa to verification.									
8. EDUCATION AND SPE registrations required for the requirements. Have you graduated from h	is position or document	s you fee	l are app	plic	able. Refe	r to recruitment	t annou		
Name and location of high	school:								
BUSINESS, TRADE, ARMED FOR	RCES, COLLEGE OR UNI			RAD	UATE OR P	ROFESSIONAL	SCHO	OLS	
NAME OF SCHOOL	ADDRESS (City, State)		Attended rom / Mo Y	⁄r	Total Credit Hours Completed	Major Course of Study	Grac Y	d Type of Degree or Certificate	
							++		
LICENSE: List any current license application.	s, registrations, or certificate	es that you	possess	whic	ch are pertine	ent to this job. M	ust be v	valid at time of	
	REGISTRATION NO.	DA	TE FIRS	ST IS	SSUED	EXPIRAT	ION DA	ATE	
Driver's License No.	Class Code:	(circle on	e) 1	2	3 4 A	B C Exp.	Date		
9. EXPERIENCE: Complete the describe in detail all work volunteer and military experience you held several jobs with the employers. If more space is	you have done which rience. For volunteer ar ne same organization, lis	qualifie nd part-ti st them se	Begin s you for me experentely	or t erier y.]	the position nce, note av This inform	esent job. To a you are apport verage hours we ation may be v	receive lying forked perified	for. Include per week. If with former	
Employer	No. & Titles of e	mployees y	ou superv	ised	:	From: Mo		Yr	
Address								Yr	
Name & Title of immediate supervisor						Total Yr Full Time □		Mo Part-time □	
Your title Duties						Average hours per week			
						Reason for leavi			
Employer	No. & Titles of e	mployees y	ou superv	ised	:	From: Mo		Yr	
Address	· 							Yr	
Name & Title of immediate supervisor						Total Yr			
Your title	Duties					Full Time □ Average hours p		Part-time □	
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EmployerAddress	No. & Titles of e	mployees y	ou superv	vised	:	From: Mo To Mo		Yr Yr	
Name & Title of immediate supervisor	r					Total Yr]	Мо	
Your title						Full Time		Part-time □	
						Average hours p Reason for leavi			
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