APPLICATION FOR CLASSIFIED/SUPPORT SERVICES PERSONNEL (CSSP) CASUAL EMPLOYMENT

For Classified Casuals (e.g., Paraprofessional Tutors, Substitutes, 89-Day Appointments)
(Submit to the appropriate school/office)

DOE OTM 600-022
Last Revised: 11/07/2018
DEPARTMENT OF EDUCATION
Office of Talent Management
CSSP Recruitment Unit
P.O. Box 2360, Honolulu, HI 96804

GENERAL INSTRUCTIONS

Type or print legibly in ink. Answer all questions completely and accurately. All information provided may be verified. Your application and any additional documents that you attach are confidential and becomes the property of the Hawaii Department of Education (DOE). When completed, submit to the appropriate school/office.

POSITION TITLE:	POSITION NUMBER:	SCHOOL/ OFFICE:

PERSONAL INFORMATION

NAME:
(Last, First, Middle Initial)

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

HOME PHONE:	ALTERNATE PHONE:	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:
OTHER NAME(S) USED:	EMAIL ADDRESS:	

JOB PREFERENCES

DAYS AND TIMES YOU ARE AVAILABLE TO WORK:

EMPLOYMENT QUESTIONS

EQUAL OPPORTUNITY: The DOE is an equal opportunity employer and complies with the applicable Federal and State laws relating to employment practices. BOE Policy #900-1 strictly prohibits discrimination against an applicant or employee based on protected classes. For questions, contact the Civil Rights Compliance Office at 808-586-3322, or via relay operator.

REASONABLE ACCOMMODATION: To request a reasonable accommodation due to a disability during the application process, contact the Recruitment Section Administrator at the address above no later than seven (7) work days from your meeting or event. Refer to the Requests for Reasonable Accommodations brochure at http://www.hawaiipublicschools.org/DOE%20Forms/Civil%20Rights/ReasonAccomBrochure.pdf.

1. Are you legally eligible for employment in the United States? *If offered employment, you will be required to provide documentation to verify eligibility.* ☐ YES ☐ NO

2. Are you retired from a Hawaii public sector job? *A retiree can be employed in a casual position if the retiree has had a six (6) consecutive calendar month break (from their official retirement date) where the retiree was not employed by any state or county agency. Casual employment includes but is not limited to, classified casual jobs, substitute employment, 89-day hires, etc.* ☐ YES* ☐ NO
   * Complete DOE OTM 600-005 and ERS-209 Forms.

3. Have you at any time been suspended, fired, terminated, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO
   If yes, please explain (attach separate sheet if necessary):

4. Have you at any time separated from military service under conditions other than honorable? ☐ YES ☐ NO
   If yes, please explain (attach separate sheet if necessary):

5. Have you at any time been arrested and/or convicted? ☐ YES ☐ NO
   If arrested, please specify what you were arrested for (attach separate sheet if necessary):

   If arrested, were you charged? ☐ YES ☐ NO
   If so please specify what you were charged with and the disposition (outcome) of the charge (attach separate sheet if necessary):

6. Have you at any time had a professional license or certification (for example, attorney, nurse, psychologist, teacher, school administrator, etc.) suspended, revoked, denied or not renewed? ☐ YES ☐ NO
   If yes, please explain (attach separate sheet if necessary):

EDUCATION

If more space is needed, attach a resume.

DID YOU GRADUATE FROM HIGH SCHOOL OR HOLD A GED? YES ☐ NO ☐ If no, what year will you graduate?

COLLEGE/UNIVERSITY NAME/HIGH SCHOOL NAME:		LOCATION: (City, State)	
MAJOR/ELECTIVE/CTE PROGRAM:	DEGREE RECEIVED/DIPLOMA SEEKING:	CREDITS EARNED/ GRADE LEVEL:	GRADUATED? ☐ YES ☐ NO

WORK EXPERIENCE

Begin with your present or most recent employment. If more space is needed, attach a resume.

DATES OF EMPLOYMENT From (Mo./Yr.) To (Mo./Yr.):	EMPLOYER NAME:	POSITION TITLE:	
ADDRESS: (Street, City, State, Zip Code)		HOURS PER WEEK:	
NAME/TITLE OF SUPERVISOR:	PHONE NUMBER:	OK TO CONTACT THIS EMPLOYER?	☐ YES ☐ NO
REASON FOR LEAVING:			
DUTIES:			

DATES OF EMPLOYMENT From (Mo./Yr.) To (Mo./Yr.):	EMPLOYER NAME:	POSITION TITLE:	
ADDRESS: (Street, City, State, Zip Code)		HOURS PER WEEK:	
NAME/TITLE OF SUPERVISOR:	PHONE NUMBER:	OK TO CONTACT THIS EMPLOYER?	☐ YES ☐ NO
REASON FOR LEAVING:			
DUTIES:			

CERTIFICATES AND LICENSES

TYPE:	EXPIRATION DATE:
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	EXPIRATION DATE:
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS

OFFICE SKILLS:
Word processing net words per minute (WPM):

OTHER SKILLS:

SIGNATURE

I hereby certify that all information provided in the application for employment are true and correct to the best of my knowledge and belief. I understand that terms of employment are subject to change should the information provided be inaccurate or cannot be officially verified. I hereby authorize the DOE, Office of Talent Management, to obtain information from my current and past employers, or from any individual listed on this application and attachments, and waive the right to hold liable those persons for providing any requested information. It is understood that such information is to be absolutely privileged, confidential, and used only in determining my qualifications for employment and assignment. I agree, upon offer of employment, to submit to fingerprinting and a subsequent criminal history record check, if applicable. I agree that any willful omission or falsification of material facts in this application, which would ordinarily be used as a basis for not hiring me, will constitute sufficient reason for immediate dismissal. I understand that unless this application is completed in detail, it will not be considered. I understand that any application materials including transcripts, copies of licensure, and certification documents, etc., become the property of the DOE and will not be returned. I understand that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States, and shall become residents of the State within thirty (30) days after beginning their employment, and as a condition of eligibility for continued employment. "Resident" means a person who is physically present in the State at the time the person claims to have established the person's domicile in the State and shows the person's intent is to make Hawaii the person's primary residence. I understand that the duration of casual employment status may be subject to review pending the program, operational, and/or budgetary needs of the hiring school/office. Re-employment is not guaranteed.

Original Signature:	**Date:**