

**APPLICATION FOR SERVICE**  
**WORKFORCE DEVELOPMENT DIVISION**  
LIHUE OFFICE  
4444 Rice Street, Suite 302  
LIHUE, HAWAII 96766

INSTRUCTIONS: Please complete the requested information. Fill in the blanks or place an X in the appropriate box.

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Month Day Year

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Phone number: \_\_\_\_\_ 2<sup>nd</sup> Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizen?  YES  NO, my Alien Registration Number is: \_\_\_\_\_

Ethnic Group:  White  Black  Hispanic  Alaskan/Native American  Asian  
 Hawaiian/Pacific Islander  Other

Educational Level:  <8  9  10  11  12  13  14  15  16  17  18 In school?  Yes  No

Veteran?  No  Yes, on active duty from \_\_\_\_\_ to \_\_\_\_\_

Campaign Badge earned?  Yes  No

Service connected disability?  No  Yes, less than 30%  Yes, more than 30%

Employed:  Yes  No, I have been unemployed for \_\_\_\_\_ weeks. UI claim filed?  Yes  No

Work week preference:  Fulltime  Part time  Both Duration:  Permanent  Temporary  Both

Salary preference: \$ \_\_\_\_\_  per hour  per month  per year

Shift preference:  any  1<sup>st</sup> (days)  2<sup>nd</sup> (evenings)  3<sup>rd</sup> (grave yard)  split  rotation

Employment objective: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Work locations:  Hanalei 96714  Princeville 96722  Kilauea 96754  Anahola 96703  Kealia 9675  
(preferred)  Kapaa 96746  Hanamaulu 96715  Lihue 96766  Koloa 96756  Lawai 96765  
 Kalaheo 96741  Eleele 96705  Hanapepe 96716  Kaumakani 96747  
 Makaweli 96769  Kekaha 96752  Waimea 96796

OFFICE USE ONLY

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Interviewed by: \_\_\_\_\_  
Date interviewed: \_\_\_\_\_  
OSOS entered \_\_\_\_\_ Worker profile date \_\_\_\_\_ SOC \_\_\_\_\_

\*The Hawaii State Department of Labor and Industrial Relations is using this information for statistical purposes only.

**Work history:** Start with your most recent employment and go back at least three years.

Be sure to list your job duties.

Job Title		Wages Paid	\$	per
Employer		Start/End Dates		/
Address		Reason for Leaving: <input type="checkbox"/> Still working <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Lack of work <input type="checkbox"/> Other <input type="checkbox"/> Medical leave <input type="checkbox"/> Temporary Job <input type="checkbox"/> Company closed/sold		
City		Job Duties:		
State				
Country				

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City		Job Duties:		
State				
Country				

**Valid Driver's License?**  Yes  No **Type:**  Motorcycles/Scooters  Cars & Trucks under 10,000 lbs.

Trucks & Buses over 10,000 lbs.  CDL A  CDL B  Class C Endorsements: \_\_\_\_\_

**Certificates/Licenses:** \_\_\_\_\_

**List schools attended:**

Name of School	Location State/Country	Length there	Date Ended	Degree Earned Course of Study

**List Special Skills, Training, Software used, Machinery Operated, etc.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Check any of the following services that you would be interested in:**

- Job search assistance                       Resume assistance & preparation     Job/Career exploration assistance  
 Job search tips & information             Labor/Job market information        Other: \_\_\_\_\_

Referrals to:  Health insurance     Housing assistance     Educational opportunities     Financial assistance

**If you are NOT interested in any job training, skip the following questions.**

I need training to:  Begin a new career     Upgrade my skills for the same line of work     Keep my current job

My ideal job would be as a (please be specific) \_\_\_\_\_  Full-time  Part-time

If I can not get to my ideal job right away, I would be willing to work as a: (please be as specific as possible)

First Choice: \_\_\_\_\_  Full-time  Part-time

Second Choice: \_\_\_\_\_  Full-time  Part-time

I am available for job training that lasts for:  a few days     1 to 2 weeks     2 to 8 weeks

2 to 4 months     as long as it takes

I can attend job training:  M     T     W     T     F     S     All day    Only the hours from \_\_\_\_\_ to \_\_\_\_\_

Are you currently participating in any employment and training program?  No     Yes, at \_\_\_\_\_  
(agency name)

Ever participate in JTPA or WIA programs before?  No     Yes, in \_\_\_\_\_ at \_\_\_\_\_  
(when) (agency name)

Training, education, assistance received from the program: \_\_\_\_\_

To attend training, I would need help with:  Transportation     Child care     Paying bills     Other \_\_\_\_\_

Any educational goal(s)?  No     Yes, to receive a:  HS diploma     Vocational/College degree in \_\_\_\_\_

Are you registered with the Selective Service system (Males born on or after 01/01/60)?  Yes     No     Not sure

Number in family, including self: \_\_\_\_\_    Number and ages of dependents: \_\_\_\_\_

Estimated Gross Income within the last six months: \$ \_\_\_\_\_

I am receiving:  AFDC/TANF     Food Stamps     General Assistance

Social Security Insurance for the Disabled     Veterans benefits     Foster Child Payments

Workers Compensation benefits     Refugee Assistance     Other assistance (specify): \_\_\_\_\_

**CERTIFICATION:**

*I certify that the information I have provided on this application is complete and true to the best of my knowledge. I also understand that I may have to provide documents to support this application.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

