University of Hawai‘i
Employment Application Form
Administrative, Professional and Technical Positions (APT)

Position Title:	Position Number:
Name: Last First Middle Initial	
Address: Street Apt. # City State Zip Code	
Email address:	Preferred phone #: Please indicate: Cell ☐ Work ☐ Home ☐

Complete the following if you are **presently** or were **formerly** employed as an **APT** within the University of Hawai‘i:

Department/College:	Official Position Title:
Present or Last APT Appt Period:	Business phone:
Full Time ☐ or Part Time ☐	Bargaining Unit 08 (HGEA) ☐ or Excluded Unit 78 (non-union) ☐

Check **one** of the following boxes if you are exercising employment rights in accordance with Article 10 / 10A, BU 08 collective bargaining agreement (eligibility subject to verification by the hiring unit):

☐ I am being/have been relieved or terminated because of a lack of work or other legitimate reasons and have reemployment rights as outlined in Article 10 / 10A, Employment Rights. (Please attach the notice of termination.)

☐ I am currently in bargaining unit 08 ☐ I am currently in bargaining unit 78

***Education:** List chronologically all schools attended beyond Grade 12:

School Name:	Address:
Degree, Diploma or Certificate:	Major Field of Study:
School Name:	Address:
Degree, Diploma or Certificate:	Major Field of Study:
School Name:	Address:
Degree, Diploma or Certificate:	Major Field of Study:

***Training:** List chronologically pertinent military, professional, trade, technical, etc., courses you have completed:

School Name:	Address:
Certificate:	Subject Area:
School Name:	Address:
Certificate:	Subject Area:

* Any further education or training information may be attached using a separate sheet.

Work Experience:
Provide sufficient detailed information to determine your qualifications for the position you are applying for. Begin with your most recent employment and list all pertinent employment. If additional space is required, continue on a separate sheet and securely attach to this application.

Employer:	Duties and responsibilities:
Your Position Title:	
Period of employment (month/year):	
Ending Salary (monthly):	
Mailing Address:	
Supervisor's Name & Title:	
If less than full time, average hours worked per week:	
Reason for leaving:	

Employer:	Duties and responsibilities:
Your Position Title:	
Period of employment (month/year):	
Ending Salary (monthly):	
Mailing Address:	
Supervisor's Name & Title:	
If less than full time, average hours worked per week:	
Reason for leaving:	

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Your Position Title:	
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Ending Salary (monthly):	
Mailing Address:	
Supervisor's Name & Title:	
If less than full time, average hours worked per week:	
Reason for leaving:	

Pertinent Professional Membership and/or Awards:

Special Qualifications, Licenses, Volunteer work or Certifications:

Non-Discrimination and Affirmative Action Information: The University of Hawai‘i is an equal opportunity/affirmative action (EEO/AA) institution and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, citizenship, disability, genetic information, national guard absence, or status as a covered veteran, marital status, sexual orientation, breastfeeding, income assignment for child support, domestic violence or sexual victim status, and arrest and court record (except as permissible under State law).

Clery Act: In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, annual security reports for the University of Hawai‘i can be found at: http://workatuh.hawaii.edu/Jobs/ASR, or http://ope.ed.gov/security/, or a paper copy may be obtained upon request from the respective UH Campus Security or Administrative Services Office.

Americans with Disabilities Act: This application form is available in alternate format upon request for persons with print disabilities. Contact the campus ADA Coordinator for assistance.

If selected, **all** individuals must present documentary evidence to verify their eligibility to work, pursuant to the Immigration Reform and Control Act of 1986.

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 with the University of Hawai’i. I also understand that, if selected, I must present documentary evidence to verify my employment eligibility, pursuant to the Immigration Reform and Control Act of 1986. For electronic submissions, original signatures required prior to interview.

_____ _____

Signature Date