

Career Opportunity

Department of Commerce & Consumer Affairs

Supervising Regulatory Boards/Commissions Administrative Assistant

Recruitment number: CCA 23-02

Salary: \$6,949 to \$8,455 per month
(SR-28, Step D to I)

Note: Hiring rates will be based on availability of funds, the applicant's qualifications, and other relevant factors.

Opening Date: April 27, 2023

Closing Date: Continuous

RECRUITMENT INFORMATION

Permanent, Civil Service, full-time, located in Downtown Honolulu, Oahu.

Mail completed application to:

Department of Commerce and Consumer Affairs
Attn: Human Resources Office
P.O. Box 541
Honolulu, HI 96809

Or email completed application to: personnel@dcca.hawaii.gov.

Please ensure your application is **LEGIBLE, COMPLETE, and SIGNED**. Illegible, incomplete, or unsigned application may be deemed ineligible.

DUTIES SUMMARY

The Professional and Vocational Licensing Division ("PVLD") provides administrative Services to enable boards and commissions to carry out their policies and regulatory missions. The position is located in the Regulatory Boards/Commissions Administrative Assistants Branch of the PVLD, that implements and maintains regulatory licensing laws for fifty-one (51) professions and vocations.

The position plans, organizes, directs, and coordinates the activities of the Regulatory Boards/Commissions Administrative Assistants (RBCAA) Branch in accordance with operational program policies and procedures, under the general supervision of the Licensing Administrator. The position reviews, mediates, and resolves administrative, personnel, supervisory and operational matters at the Branch level and when appropriate, recommends action to the Licensing Administrator or Director when matters extend beyond the Branch. In addition, the position supervises the Branch staff which comprise of the Regulatory Boards/Commissions Administrative Assistants and a Time Share Program Specialist (hereafter collectively referred to as "RBCAA's"), ensuring that Branch staff perform their duties and responsibilities in an effective and efficient manner consistent with the Branch's purpose and program of work. The position serves as the Acting Licensing Administrator in the absence of the Licensing Administrator.

MINIMUM QUALIFICATION REQUIREMENTS Applicants must meet all the requirements for the position they are seeking as of the date of the application, unless otherwise specified. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Note: Your calculation of experience must be based on full-time, 40-hour work weeks. Part-time experience must be pro-rated. Example: Twelve (12) months of experience at 20 hours/week is equivalent to six (6) months of experience, not one (1) year. Also, hours worked in excess of 40 hours/week will not be credited. Example: Twelve (12) months of experience at 60 hours/week is equivalent to one (1) year of experience, not one and a half (1 ½) years.

To qualify, you must meet the following requirements:

Education: Graduation from an accredited four (4) year college or university with a bachelor's degree.

Excess work experience as described under the General and Specialized Experience, below, or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

General Experience: Two and one-half (2-1/2) years progressively responsible professional work experience which involved gathering, evaluating and analyzing facts and other pertinent information required to resolve problems and/or to determine and recommend appropriate courses of action. Such experience must have demonstrated the ability to elicit information orally and in writing, apply problem-solving methods and techniques, identify alternatives, use judgment in determining appropriate alternatives, prepare clear and concise written reports and recommendations for action, and deal satisfactorily with others.

Specialized Experience: The three (3) years experience must have been in one or a combination of the following types of work:

1. Progressively responsible professional experience which involved providing support services to regulatory boards and commissions in the maintenance and coordination of ongoing activities, the conduct of investigations and studies, and the development of operational improvements. Such experience must have required an extensive knowledge and application of pertinent laws, rules and regulations applicable to regulatory programs.
2. Progressively responsible professional work experience which required the knowledge and application of principles, laws, rules and regulations applicable to a regulatory program (e.g., conducting investigations or inspections to ensure compliance with regulatory laws, rules and regulations). Such experience must have included preparing written reports concerning problems involved in the program, and reviewing and making recommendations to improve operational procedures.

In addition to 1 and/or 2 above, the work experience must have provided knowledge of principles and practices relating to public proceedings and public records, legislative processes, rule adoption processes, and public relations.

Supervisory Aptitude: Supervisory aptitude is the demonstration of aptitude or potential for the performance of supervisory duties through successful completion of regular or special assignments which involve some supervisory responsibilities or aspects of supervision, e.g., by serving as a group or team leader, or by the completion of training courses in supervision accompanied by application of supervisory skills in work assignments; and/or by favorable appraisals by a supervisor indicating the possession of supervisory potential.

Substitutions Allowed: Possession of a master's degree from an accredited college or university may be substituted for one (1) year of the required General Experience. Excess Specialized Experience may be substituted for the General Experience on a month-for-month basis.

Substitutions Allowed:

1. Possession of a master's degree from an accredited college or university may be substituted for one (1) year of the required General Experience.
2. Excess Specialized Experience may be substituted for the General Experience on a month-for-month basis.

Please Note: The Department of Commerce and Consumer Affairs is handling all aspects of this recruitment. If you have any questions regarding this job announcement, please send an email to: Personnel@dcca.hawaii.gov.

Application must be signed. (Applications received without signature may not be considered)



STATE OF HAWAII

APPLICATION FOR CIVIL SERVICE POSITIONS

DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS

Personnel Office

335 Merchant St., Room 304, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- 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, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- 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 on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. WORK AUTHORIZATION

Please answer both A and B below:

- A. Are you legally authorized to work in the United States? Yes No
- B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

Note: Veteran's Preference is only applicable for open-competitive recruitments.

If you are claiming Veteran's Preference, please scan and attach a copy of your DD-214 form and/or official statement from the Veterans Administration or armed forces to your application.

- None
- I am claiming 5 Veteran's Preference points and will submit a copy of my DD-214.
- I am claiming 10 Veteran's Preference points and will submit a copy of my DD-214 and/or official statement from the Veterans Administration (VA), as applicable.

If you are claiming U.S. Military Service, please complete the following:

- A. Date Entered Service: _____
- B. Date Separated From Service: _____

3. _____
POSITION TITLE APPLYING FOR

4. _____
RECRUITMENT NUMBER

5. NAME: _____
Last First Middle

6. OTHER NAMES USED OR FORMER LAST NAME: _____

7. MAILING ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

8. PHONE NUMBER: _____
Home Other

9. CERTIFICATE OF APPLICANT

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 Hawai'i. 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

STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. 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 for which you have applied, to determine suitability for employment.

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

Within the past five 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 answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES?

YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 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.)

13. _____

14. 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 answer "Yes" to the above question, please explain in detail 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. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?

YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. 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 restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i?

YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

STATE OF HAWAII DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER APPLYING FOR: _____

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle

4. OTHER NAMES USED OR FORMER LAST NAME: _____

5. E-MAIL ADDRESS: _____

6. MAILING ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. 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)
 (School name/type) _____ (City/State/Country) _____

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 of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

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

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

DO NOT WRITE IN THIS SPACE

STATE OF HAWAII DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in blue or black ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.
Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____
	Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____
	Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____
	Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____
	Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Agency-Wide Questions

The State of Hawaii requires 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.

1. Are you legally authorized to work in the United States?

Yes

No

2. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)?

Yes

No

3. EMPLOYMENT AVAILABILITY Please check the following conditions of employment for which you are interested and available.

Yes

No

4. Are you interested in being considered for positions that require possession of a valid driver's license?

Yes

No

5. OTHER NAMES USED Have you used another name in the past? (Include maiden name, nickname(s), etc.)

Yes

No

6. If you answered "Yes" to the question above, please list the name(s) by last, first and middle initial.

Job Specific Supplemental Questions

APPLICANT'S ACKNOWLEDGMENT

The responses you provide to these Supplemental Questions will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected.

You must submit verification of your education (e.g., copies of official transcripts or diploma as instructed below) to receive credit. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript.

To receive credit for substitute, temporary assignment, or volunteer experience, applicants must submit an official letter of verification. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number.

Any information you submit may be verified.

Note: If you previously submitted supporting documents (i.e., transcripts, diploma, unexpired license, etc.) to our office, **then you are not required to re-submit them.**

Applicants must meet all the requirements for the position they are seeking as of the date of the application, unless otherwise specified. In general, concurrent experiences and/or education will not be double credited unless otherwise specified. Your possession of the required amount of experience will not itself be accepted as proof of qualification for the position. The overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position.

Our calculation of experience will be based upon a full-time, 40-hour work week. Part-time experience will be pro rated. Example: Twelve months of experience at 20 hours/week will be pro rated to six months of experience. Also, hours worked in excess of 40 hours/week will not be extra credited.

Example: Twelve months of experience at 60 hours/week will be credited as one year of experience, not one and a half years.

EDUCATION REQUIREMENT

In order to receive credit for your academic training, you **MUST SUBMIT** a legible copy of your **OFFICIAL TRANSCRIPTS** by attaching it to your application.

NOTE: If you are **using relevant work experience** in lieu of a Bachelor's degree to fulfill the Education Requirement, clearly describe this work experience in your application. In order to receive credit, this experience **must be comparable** in scope, level, and quality to knowledge and skills gained via completion of study leading to a Bachelor's degree as specified in the Minimum Qualification Requirements.

GENERAL EXPERIENCE REQUIREMENT

How many years of progressively responsible professional work experience as described in the Minimum Qualification Requirements do you possess?

If you stated that you have "No Experience" to the question above, please indicate "N/A" below.

If you stated that you possess the general experience, provide the following information to address your relevant background.

All employment information listed below should also be included on your application. Address each change in employer or position(s) with the same employer separately. The information for EACH employer should include:

A. Employer's name, complete dates of employment (mo/yr to mo/yr), your official job title, and average number of hours per week spent collectively on duties below.

B. A description of this employer, including the type of organization (government or private firm, self employment, etc.), the major sections, the section you worked in, the number and types (job titles) of professional staff you worked with, the activities or services provided, and primary clientele served.

C. The primary function of your position, and a detailed description of your major duties and responsibilities.

D. A detailed description of your professional duties and responsibilities, if any, in each of the following areas. Include your specific role, the steps you took, and relevant examples to illustrate the scope and extent of your responsibilities. Address each area separately and in the order given. If no experience in an area, please indicate "N/A":

1) Gathering, evaluating, and analyzing facts and other relevant information required to resolve problems and/or to determine and recommend appropriate courses of action. What kinds of information did you gather? What kinds of facts did you evaluate and analyze? How were these facts used? What kinds of problems did you resolve? What steps

did you take? What were some of the more complex problems you resolved or made recommendations of appropriate actions for? What happened as a result of the recommendations?

2) Elicit information orally and in writing. What kinds of information did you elicit and how did you obtain them? From whom? For what purpose were you required to elicit such information?

3) Applying problem solving methods and techniques. What were these methods and techniques? How did you apply them?

4) Identifying alternatives. How did you identify alternatives? What steps did you take? What were some alternatives you identified that required judgement in determining appropriate alternatives?

5) Preparing clear and concise reports. What kinds of reports did you regularly prepare? Describe if these were verbal and/or written reports. What kinds of recommendations and courses of action did you make? For whom did you prepare these reports? How were the reports used?

E. What degree of supervision did you receive in performing these duties? What kinds of decisions were you authorized and/or not authorized to make?

F. What was the official job title of your supervisor? How did your duties and level of authority differ from those of your supervisor?

Be specific and complete in your responses. To receive credit, the employer(s) and each position held must be identified in the experience section of your application.

A resume submitted in lieu of answering each supplemental question completely will not be accepted. We do not make assumptions. If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

SPECIALIZED EXPERIENCE REQUIREMENT

Do you have at least three (3) years of professional experience as described in the Minimum Qualification Requirements?

If you selected NO to the question above, please indicate "N/A" below.

If you possess the specialized experience, provide the following information to address your relevant background. All employment information listed below should also be included on your application. Address each change in employer or position(s) with the same employer separately. The information for EACH employer should include:

A. Employer's name, complete dates of employment (mo/yr to mo/yr), your official job title, and average number of hours per week spent collectively on duties below.

B. A description of this employer, including the type of organization (government or private firm, self-employment, etc.), the major sections, the section you worked in, the number and types (job titles) of professional staff you worked with, the activities or services provided, and primary clientele served.

C. The primary function of your position, and a detailed description of your major duties and responsibilities.

D. A detailed description of your professional duties and responsibilities, if any, in each of the following areas. Include your specific role, the steps you took, and relevant examples to illustrate the scope and extent of your responsibilities.

Address each area separately and in the order given. If no experience in an area, please indicate "N/A":

E.1) Experience which involved providing support services to a regulatory board/commission in the following areas:

a) Maintenance and coordination of ongoing activities. What types of activities?

b) Conducting investigations and studies? What specific types of investigations and studies? How did you conduct investigations and studies? For what purpose?

c) Development of operational improvements. What types of improvements? How did you develop these improvements? What was your specific role in developing improvements?

d) What the kinds of laws, rules, and regulations did you work with? How were they used? For what purpose?

AND/OR

2) Experience which required the knowledge and application of principles, laws, rules and regulations applicable to a regulatory program in each of the following areas:

a) Conducting investigations or inspections to ensure compliance with regulatory laws, rules and regulations. What types of investigations or inspections? What was the purpose?

b) Preparing written reports concerning problems involved in the program. What types of reports did you prepare? Were the reports written or verbal? To whom did you prepare these reports? How were the reports used?

c) Reviewing and making recommendations to improve operational procedures. What did you review? What steps did you take? What types of recommendations did you make? What were the results of these recommendations? 3) How this work provided knowledge of the principles and practices relating to public proceedings and public records, legislative processes, rule adoption processes, and public relations?

e) What degree of supervision did you receive in performing these duties? What kinds of decisions were you authorized and/or not authorized to make?

f) What was the official job title of your supervisor? How did your duties and level of authority differ from those of your supervisor?

Be specific and complete in your responses. To receive credit, the employer(s) and each position held must be identified in the experience section of your application.

A resume submitted in lieu of answering each supplemental question completely will not be accepted. We do not assume. If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

SUBSTITUTIONS ALLOWED

Please indicate if you are using the substitutions to meet a portion of the general experience requirement.

In order to receive credit for your academic training, you **MUST SUBMIT** a legible copy of your **OFFICIAL TRANSCRIPTS** by attaching it to your application.

SUPERVISORY EXPERIENCE/APTITUDE REQUIREMENT

Supervisory Experience is not required; however, Supervisory Aptitude is a requirement. It is the demonstration of aptitude or potential for the performance of supervisory duties. Do you possess supervisory aptitude OR experience? If you selected **NO** for the question above, indicate "N/A" below.

If you possess the Supervisory Aptitude, provide the following information to address your relevant background.

Employer's name and your official job title;

B. Dates you performed such duties (mo/yr to mo/yr);

C. Describe this employer, services provided, and clientele served;

D. Number and job titles of those you supervised, IF any. Did your experience include supervision over lower-level professionals? If Yes, provide number and job titles of those you supervised. If none, state No;

E. A detailed description of the professional duties you performed which demonstrated your supervisory aptitude or potential; and

F. How did your duties and level of authority differ from those of your supervisor?

Be specific and complete in your responses. To receive credit, the employer(s) and each position held must be identified in the experience section of your application.

A resume submitted in lieu of answering each supplemental question completely will not be accepted.

The following terms were accepted by the applicant upon submitting the application:

By submitting this application for employment, I certify that I have read and agree to the following:

I have read and understand the information in this job posting including Important Information Relating to the Merit Civil Service System, Public Employment and other Requirements for continued public employment (including Citizenship and Residence Requirements, Employment Background Checks, etc.), the Examination Process, and my Administrative Review, Internal Complaint and Appeal Rights in the event I do not agree with an action taken by the Department.

I further certify that all statements made 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 State of Hawaii, including but not limited to disqualification from employment consideration, removal from the list of eligibles and/or termination from State employment. I have read the terms and conditions stated on this application and understand that there may be additional public employment-related requirements.

I understand and agree that any falsification of my application may be prosecuted pursuant to Hawaii Revised Statutes Chapter 710, Offenses against Public Administration or other applicable statutes. Actions will be taken to uphold the law.

Department of Commerce and Consumer Affairs

Public Employment Requirements and Employee Administrative Rights

The information you provide will be used to determine whether you meet public employment requirements and the minimum requirements in the Class Specifications. As required by Federal and/or State laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest or court record, citizenship, genetic information or any other protected characteristics. The State of Hawaii is an equal opportunity employer and complies with applicable State and Federal laws relating to employment practices.

MERIT CIVIL SERVICE SYSTEM: The employment of persons in the civil service, as defined by State law, is governed by the merit principle. Applicants must meet the minimum qualification requirements of the position being sought, including all education, experience, licensure, certification, security clearances, and other public employment requirements for State Civil Service employment. It is the applicant's responsibility to provide complete information. The information submitted may be verified. Applicants must meet the requirements and qualify on appropriate employment related tests to be eligible for employment consideration.

LEGAL AUTHORIZATION TO WORK REQUIREMENT: The State of Hawaii requires 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.

HAWAII STATE RESIDENCY REQUIREMENT: Effective July 1, 2007, persons who are non-residents of the State of Hawaii will have thirty (30) days from the date they begin their State employment to become Hawaii residents. While an employee of the State of Hawaii, they must maintain their Hawaii residency.

PHYSICAL/MEDICAL REQUIREMENTS: Applicants must be able to perform the essential functions of the position effectively and safely, with or without reasonable accommodation.

REASONABLE ACCOMMODATION: Applicants with special needs should contact the DCCA Personnel Office during business hours at (808) 586-2838 at the time of application.

LANGUAGE ACCESS ASSISTANCE: All of our written and oral material will be provided to you in English. If you need assistance, please contact our department's Language Access Coordinator by telephone at (808) 586-3025 during normal business hours or write to the Language Access Coordinator, Department of Commerce and Consumer Affairs, 335 Merchant Street, Room 310, Honolulu, HI 96813.

CRIMINAL HISTORY RECORD CHECK: Individuals who are recommended for initial hire and/or a new appointment are required to undergo a criminal history record clearance and other checks, as applicable.

DEPARTMENTAL APPEAL PROCESS: Applicants will be notified of their status in writing. Applicants who do not agree with a decision or action taken may have their case reviewed. Each review must be conducted before an applicant may request the next higher review.

ADMINISTRATIVE REVIEW. This is the first level of review. All applicants will be notified of the status of their application when processing of the application is completed. Applicants who do not agree with an action taken or who have questions about their application are strongly advised to first call the department's Personnel Office to obtain clarification. Applicants who still do not agree with an action taken may then formally request an Administrative Review in writing. The Request must include the job title, position number, and any relevant information, and must be received into the Personnel Office no later than seven (7) working days from the date of the notice.

INTERNAL COMPLAINT. The Internal Complaint is the second level of review. An applicant who does not agree with an action resulting from the Administrative Review may then file an Internal Complaint with the department. More information about the Internal Complaint procedures and required forms will be provided in our letter regarding Administrative Review, if necessary.

APPEAL TO THE MERIT APPEALS BOARD. An appeal to the Merit Appeals Board is the third level of review. An applicant who does not agree with an action resulting from the Internal Complaint with the Department of Commerce and Consumer Affairs (DCCA) may then file an appeal to the Merit Appeals Board. Further information and details regarding procedures, required forms, and the mailing address to file an appeal are available at <http://hawaii.gov/hrd/main/ecd/mab>. If the applicant does not agree with the Internal Complaint decision rendered by DCCA, it may be appealed in writing to the State Merit Appeals Board within twenty (20) days from the date of the action on the Internal Complaint. An Internal Complaint must have been completed by DCCA before an appeal may be requested.

If you have questions, please contact our office during business hours at (808) 586-2838 for further information.