



**DEPARTMENT OF WATER SUPPLY**

**COUNTY OF HAWAI'I**

**APPLICATION FOR STUDENT HELPER II SUMMER EMPLOYMENT**

**All applications must be turned in to:**

**345 Kekūanāo'a Street, Suite 20, Hilo, HI 96720**

**Tel: (808) 961-8050 Fax (808) 961-8010**

Application forms may be dropped off or mailed to the above address. Application form (including copy of current official college transcript) must be received at the above address by April 16, 2025, 4:30 p.m.

Applicants are considered for all positions without regard to sex, pregnancy, lactation (breastfeeding), race, ancestry, color, national origin, disability, genetic information, age, marital status, familial status, military service, veteran's status, sexual orientation, gender identity, gender expression, victim of domestic or sexual violence status, arrest and court record, or any other classification protected by state or federal law.

**INSTRUCTIONS**

Read the minimum qualification requirements in the Recruitment Announcement. Answer all questions completely and sign the application. Either type or print in ink. Failure to follow instructions may result in your application not being accepted.

Check the appropriate box below.

(Note: Applicants must be citizens, nationals or permanent resident aliens of the United States or be eligible under federal law for unrestricted employment in the United States.)

- A.  Citizen of the United States
- B.  National of the United States
- C.  Permanent Resident Alien of the United States
- D.  Eligible under federal law for unrestricted employment in the United States. \*

\*Explain on what legal basis you are eligible:

|  |
|--|
|  |
|  |
|  |
|  |

**Legal Name:**

First Middle Last

**Address:**

Street Number/P.O.Box

City State Zip Code

**Primary Telephone Number:**

Day Evening

**Alternate Telephone Number:**

Day Evening

Email:

**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 County of Hawaii.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Education:**

A student applying for summer employment must be enrolled and have completed one year at full-time status at a four year accredited college or university, and must certify that he/she will be attending that school or another four year accredited college or university for the coming academic year.

What year in college will you have completed this May/June 2025: \_\_\_\_\_

What school are you currently enrolled in as a full-time student:

School Name \_\_\_\_\_

Location \_\_\_\_\_

Will you be attending this school in the fall? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what school will you be attending?

School Name \_\_\_\_\_

Location \_\_\_\_\_

Your college Major: \_\_\_\_\_ Minor: \_\_\_\_\_

When is your anticipated graduation date? \_\_\_\_\_

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**College Transcript:**

You are required to submit a copy of your current official college transcript with this application form. Failure to do so will result in your application not being accepted.

Check One: Transcript is \_\_\_\_\_ being obtained \_\_\_\_\_ attached.

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Describe the kinds of work for which you wish to be hired (words such as “anything” or “whatever is available” are too vague):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List types of skills or experience that you have (include office machines, typing speed, power equipment, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your skills/experience with personal computers (include programs able to use and degree of proficiency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Answer the following question:**

“Why do you desire employment with the Department of Water Supply and what are your learning expectations in such summer employment?” (Attach additional sheet, not more than 1 page.)

**Employment Experience:**

Instructions: Begin with your present employment and work backward. Account for all periods of employment.

Employer: \_\_\_\_\_ From: \_\_\_\_\_  
 Address: \_\_\_\_\_ To: \_\_\_\_\_  
 Name & Title of Immediate Supervisor: \_\_\_\_\_ Full Time  Part Time   
 Av. Hrs. Per Wk. \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_  
 Address: \_\_\_\_\_ To: \_\_\_\_\_  
 Name & Title of Immediate Supervisor: \_\_\_\_\_ Full Time  Part Time   
 Av. Hrs. Per Wk. \_\_\_\_\_  
 Your Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If more space is required, fill out a blank sheet as above and attach.

**References:**

List 3 references (such as teacher, coach, counselor, scout leader, etc.) who will attest to your character and skills.

|    | <u>Name</u> | <u>Address</u> | <u>Phone Number</u> |
|----|-------------|----------------|---------------------|
| 1. | _____       | _____          | _____               |
| 2. | _____       | _____          | _____               |
| 3. | _____       | _____          | _____               |

Work requirements are for full-time employment for 89 calendar days, i.e. 8 hours per day, Monday to Friday (except holidays) as follows:

|                                     |                       |
|-------------------------------------|-----------------------|
| Administration/Finance/Engineering: | 7:45 a.m. – 4:30 p.m. |
| Operations Center:                  | 7:00 a.m. – 3:30 p.m. |

If selected, will you be able to fulfill the above work requirements? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

Period that you will be available for summer employment: From \_\_\_\_\_ To: \_\_\_\_\_

County of Hawai'i

**AUTHORIZATION TO RELEASE PERSONNEL INFORMATION**

TO: PRESENT/FORMER EMPLOYERS

I hereby authorize the above-named employer to provide to the County of Hawai'i any and all information or opinion about my previous and/or present job performance. I understand that pursuant to Hawaii Revised Statutes §663-1.95, an employer that provides information or opinion about my job performance is presumed to be acting in good faith and shall have qualified immunity from civil liability for such disclosure and its consequences.

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Applicant's Name & Signature

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Social Security Number

Date

If you do not want to authorize release for job performance information, please indicate your reason(s):

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