

(Account Clerk Page 1 of 3)

NAME: _____

**SUPPLEMENT TO THE APPLICATION
FOR ACCOUNT CLERK**

In addition to the data on your application, the information you provide on this form will be used by Hawaii Health Systems Corporation to evaluate your qualifications for the position of Account Clerk. Therefore, it is essential that you complete this form as accurately as possible so that we may better evaluate your qualifications and ensure that you receive the maximum credit to which you are entitled.

QUESTION: Do you have at least one or more years of work experience involving computing, classifying, and recording numerical data to keep sets of financial accounting complete and to derive reports? Yes _____ No _____

PART I: Chronologically list the employer(s) , dates of employment (from and to, MONTH and year), the name and title of your supervisor, and the number of hours worked per week where you gained such experience. Use additional sheets as necessary. **NOTE: IF YOU PERFORMED OTHER NON-ACCOUNTING DUTIES IN YOUR POSITIN, COUNT ONLY THOSE HOURS SPENT IN ACCOUNTING WORK.**

Employer A Name _____ Date _____ to _____ No. Hours worked per Week _____

Name and Title of Supervisor _____

Employer B Name _____ Date _____ to _____ No. Hours worked per Week _____

Name and Title of Supervisor _____

Employer C Name _____ Date _____ to _____ No. Hours worked per Week _____

Name and Title of Supervisor _____

Employer D Name _____ Date _____ to _____ No. Hours worked per Week _____

Name and Title of Supervisor _____

Employer E Name _____ Date _____ to _____ No. Hours worked per Week _____

Name and Title of Supervisor _____

(Account Clerk Page 2 of 3)

PART II: Carefully read the list of knowledges and abilities. Indicate which of the work experience you listed above demonstrates possession of knowledge or ability by: **1) circling the respective employer(s) and 2) describing the duties you performed which demonstrate your possession such knowledge or ability for each employer you circle.** In your description of duties, avoid the use of vague and ambiguous terms such as “was responsible for,” “handled,” “processed,” etc. Instead, use specific language which will clearly show the exact nature of the duties you performed.

Example: Knowledge of principles and practices of social casework. Employer A B C D E
Duties: Investigate probation or parole cases and assist Probationers or parolees in effecting personal and social adjustment.

1. Knowledge of standard accounting classification and terminology pertinent to accounts maintenance operations and procedures related to the processing recording of transactions and accounting information. Employer A B C D E

2. Ability to reconcile accounts. Employer A B C D E
Duties:

3. Ability to prepare a standard financial statement. Employer A B C D E
Duties:

(Account Clerk Page 3 of 3)

PART III: Successful completion of coursework in accounting may be substituted for specialized experience. To receive credit, attach a copy of your transcripts/diploma as evidence of completion.

1. I have successfully completed an accounting curriculum and have received a degree or diploma at an accredited business school, community college or other comparable institution. This program included accounting courses in double-entry procedures and the preparation and interpretation of financial statements. Yes _____ No _____
2. I have completed one year of a full time accounting curriculum leading to a degree or diploma at an accredited business school, community college, or other comparable institution which included accounting courses in double-entry procedures in analyzing, recording and summarizing transactions; and the preparation and interpretation of financial statements. Yes _____ No _____
3. I have a Bachelor's Degree in Accounting from an accredited university. Yes _____ No _____
4. I have a Master's Degree in Accounting from an accredited university. Yes _____ No _____
5. Although I don't have a degree, I have completed the following Accounting courses at an accredited university.

<u>Course Title</u>	<u>Credit</u>	<u>Course Title</u>	<u>Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____ Date: _____