

NAME: \_\_\_\_\_

**SUPPLEMENT FOR ELECTRICIAN I**

**Instructions:** In order to better evaluate your qualifications for the electrician position, we request you complete this form and submit it in addition to your application. Complete a **separate** form for **EACH** position you held which involved electrical work. **BE SURE TO LIST EACH CHANGE IN TITLE OR PROMOTION SEPARATELY.** All employers should be listed on the Experience page of the application as well.

This form may be photocopied or you may use plain sheets of paper for additional positions.

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1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Job Title: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_

In **THIS POSITION**, you were (check **ONE** only):

Apprentice/Helper                       Independent Journey Worker                       Supervisor

3. Date Employed **THIS POSITION** (Month/Year to Month/Year: \_\_\_\_\_ to \_\_\_\_\_

4. Nature of Work Performed:     Residential                       Commercial                       Industrial

5. Name and **JOB TITLE** of your Immediate Supervisor: \_\_\_\_\_

6. Specific Job Duties: Describe in detail your duties and responsibilities **in this position**. (Changes in position should be reported on a separate form.) In your description, avoid the use of vague and ambiguous terms such as “electrician,” “electrical work,” “was responsible for,” or “handled.” Instead, use specific language, which clearly shows the exact duties you performed. Use additional sheets of paper if necessary.

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7. In this position, did you perform any **SUPERVISORY** duties over others?

- Yes                       No

If “**Yes,**” give:

a. Number and job title(s) of person(s) you supervised. (For example, three laborers, two helpers, six journey workers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Check (x) which of the following you regularly performed in this position:

- Planning/Scheduling work of other electricians;  
 Assigning/Reviewing their work, including responsibility for satisfactory completion and accuracy;  
 Hiring/Firing/Responsibility for discipline;  
  Employee counseling and development;  
 Other (list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Number of hours per week spent in above supervisory duties: \_\_\_\_\_

8. Licensures. **Attach copies of all licenses.**

a. Hawaii State Journeyman Electrician’s License Number: \_\_\_\_\_

Date Received (Month/Year): \_\_\_\_\_

Date Expires (Month/Year): \_\_\_\_\_

9. Education. **Attach copies of all pertinent transcripts.**

a. School: \_\_\_\_\_ Address: \_\_\_\_\_

b. Dates Attended (Month/Year to Month/Year): \_\_\_\_\_ to \_\_\_\_\_

c. Degree/Certificate Earned (List Major): \_\_\_\_\_  
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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: \_\_\_\_\_