

Name: _____

**Supplement to the Application
For PAYROLL 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 Payroll 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.

Questions: Do you have at least one year of work experience in payroll preparation, payroll recordkeeping, time keeping or related payroll work?

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 you gained such experience. Use additional sheets as necessary.

NOTE: If you performed other non-payroll duties in your position, count only those hours spent in your payroll work.

Employer A: Employer: _____

Name and Title of Supervisor: _____

Date (mm/yy): _____

No. of hours spent in payroll per week: _____

No. of employees prepared payroll for: _____

Employer B: Employer: _____

Name and Title of Supervisor: _____

Date (mm/yy): _____

No. of hours spent in payroll per week: _____

No. of employees prepared payroll for: _____

Employer C: Employer: _____

Name and Title of Supervisor: _____

Date (mm/yy): _____

No. of hours spent in payroll per week: _____

No. of employees prepared payroll for: _____

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Employer D: Employer: _____

Name and Title of Supervisor: _____

Date (mm/yy): _____

No. of hours spent in payroll per week: _____

No. of employees prepared payroll for: _____

PART II: Carefully read the list of payroll knowledges and abilities. Indicate which of the work experiences you listed above demonstrates possession of such knowledge or ability by: 1) marking the box of the respective employer(s) and 2) describing the duties you performed which demonstrate your possession of the knowledge and 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,” “possessed,” etc. Instead, use specific language which will clearly show the exact nature of the duties you performed. Provide a separate description of your payroll duties by employer.

EXAMPLE: Knowledge of principles and practices of social casework.

EMPLOYER: A B C D

Duties:

Employer A: Investigate probation or parole cases and assist probationers or parolees in effecting personal and social adjustment

Employer B: Gather information for court reports eligibility reviews, crisis intervention.

1. Knowledge of payroll procedures for payroll preparation, payroll recording, and time keeping.

EMPLOYER: A B C D

Duties:

2. Knowledge of payroll procedures for payroll preparation, payroll recording, and time keeping.

EMPLOYER: A B C D

Duties:

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3. Knowledge of payroll procedures for payroll preparation, payroll recording, and time keeping.

Duties: EMPLOYER: A B C D

4. Knowledge of payroll procedures for payroll preparation, payroll recording, and time keeping.

Duties: EMPLOYER: A B C D

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

1. I have completed a full time accounting curriculum leading to a degree, diploma or certificate at an accredited university, business school, community college, or other comparable institution which included coursework in payroll. (Note: must be curriculum or at least one year.)

YES NO

2. I have partially completed coursework described above, but I have successfully completed a payroll course.

YES NO

3. I have completed coursework at an accredited college, university, or business school with course in English composition and mathematics, but I have not taken a payroll course

YES NO

4. I have completed the following payroll courses:

Course Title	Credit	Course Title	Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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: _____