

## General Information

Last Name	First	Middle	Other names used (include maiden name) and date(s) of use:	Social Security No. (Optional)
				NOT REQUIRED
Mailing Address				Hawaii Attorney No.
City	State	ZIP code	Telephone No. Business: Residence:	

Citizenship status. Check the appropriate block below.

*NOTE: An applicant must be a citizen, national or a permanent resident alien of the United States.*

Citizen of the United States

National of the United States

Permanent resident alien of the United States. Alien Registration No. \_\_\_\_\_

(Present or submit a copy of your alien registration receipt from I-151 with this application.)

Other \_\_\_\_\_

I will accept a job on the island(s) checked below:

Oahu     Maui     Kauai     Hawaii-Kona     Hawaii-Hilo

# Application for Employment

State of Hawaii  
**Department of the Attorney General**  
425 Queen Street  
Honolulu, Hawaii 96813

**Attorney  
Positions**

**Please read carefully and complete by printing in ink or typing.**

**Provide all information requested.**

Please answer all questions. Omission of an item may delay the evaluation of your application or may result in your disqualification for failure to provide necessary information. False answers may be grounds for disqualification or dismissal.

Notify this office in writing of any changes in your name, address or telephone number. This office will not be responsible for your failure to receive notification through the mail.

Applications and accompanying material filed will become the property of the Department of the Attorney General. Please do not request copies after filing.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

### **Notice of "At Will" Employment**

The position that you are applying for is exempt from the civil service. Therefore, if you are appointed to the position, your employment will be considered to be "at will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

### **An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

**1. Educational History** *In-service training, business, trade, armed forces, college, university, graduate, law, and professional schools.*

School Name	Location (City, State)	Major Course or Subject	Dates Attended		Class Standing	Degree Rec'd
			From	To		

**2. Other Qualifications**

**License or Certificate.** *Please indicate the type, registration no., the state and other licensing authority.*

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**Knowledge of Language Other Than English.** *List the language and check the applicable boxes.*

Language	Speak	Read/Write

**Special Qualifications.** *Include memberships in professional or scientific societies. Please list honors, awards and fellowships received. Please list all publications. (Do not submit proof unless requested.)*

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**3. Bar Exams.** List all - even repeat examinations.

State	Date Taken	Passed Pending	Date Failed	Date Sworn In

Admitted to Practice Before: (Specify dates)

Highest courts in the states of \_\_\_\_\_

United States courts \_\_\_\_\_

Other \_\_\_\_\_

**4. Disciplinary Actions.**

Have any disciplinary complaints been filed against you?      No      Yes (If "yes", complete below and if necessary, attach an explanation of the circumstances)

State in Which Complaint was Filed	Date	Disposition

**5. Dismissals From Employment (Other Than Honorable Separations From Military Service).**

Within the past five years, were you dismissed from or asked to resign from employment?      No      Yes  
 Were you separated from military service under conditions other than honorable?      No      Yes

(If you answered "yes," indicate the date and reasons for your dismissal or resignation from employment or separation from military service. For dismissals or resignations from employment, provide also the name and address of the employer.)

**6. Conviction for a Crime.**

(You DO NOT need to report: 1) Arrests not followed by convictions. 2) Convictions which were annulled or expunged.)

- 1) Have you been convicted of a felony or misdemeanor?      No      Yes
- 2) Have you ever been convicted of any act, attempt or conspiracy to overthrow the state or the federal government by force or violence?      No      Yes

(If you answered "yes," indicate the date and explain below)

**7. Preference and Experience.** The following is a listing of the types of legal activity and areas of the law in which this office is regularly engaged. Put a check mark next to those types and areas in which you have experience or a particular interest.

TYPES OF LEGAL ACTIVITY	EXPERIENCE	PREFERENCE
Administrative law proceedings	[ ]	[ ]
Advice and counsel	[ ]	[ ]
Criminal investigation and prosecution	[ ]	[ ]
Federal appellate practice	[ ]	[ ]
Federal court trial litigation	[ ]	[ ]
Research and opinion writing	[ ]	[ ]
Review and drafting legal documents	[ ]	[ ]
Review and drafting legislation	[ ]	[ ]
State appellate practice	[ ]	[ ]
State court trial litigation	[ ]	[ ]

AREAS OF LAW	EXPERIENCE	PREFERENCE
Antitrust	[ ]	[ ]
Banking	[ ]	[ ]
Charitable Trusts	[ ]	[ ]
Child Protective Service	[ ]	[ ]
Child Support	[ ]	[ ]
Civil Rights	[ ]	[ ]
Collections	[ ]	[ ]
Consumer Protection	[ ]	[ ]
Corrections	[ ]	[ ]
Criminal	[ ]	[ ]
Education	[ ]	[ ]
Election Matters	[ ]	[ ]
Employment	[ ]	[ ]
Environmental	[ ]	[ ]
Family	[ ]	[ ]
Government Contracts	[ ]	[ ]
Habeas Corpus	[ ]	[ ]
Insurance	[ ]	[ ]
Labor	[ ]	[ ]
Legislative Process	[ ]	[ ]
Municipal	[ ]	[ ]
Public Employment Matters	[ ]	[ ]
Public Health	[ ]	[ ]
Public Lands/Eminent Domain	[ ]	[ ]
Public Utilities	[ ]	[ ]
Public Welfare	[ ]	[ ]
Tax	[ ]	[ ]
Tort Claims/Suits	[ ]	[ ]
Workers' Compensation	[ ]	[ ]
Other(s) <i>Specify</i>	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]

**8. Experience.** Begin with your present or last employment/training and work backwards. Account for all employment, including military service and volunteer work in separate blocks. 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 kinds of employees you supervised. If more space is needed, fill out a blank sheet and attach it to this form. Your answers may be verified with former employers. **Complete this section even if attaching a resume.**

Employer	Your Title		
Address	Name & Title of your Supervisor		
Reason(s) for leaving	Dates worked From _____   To _____		
	<table border="0"> <tr> <td style="text-align: center;">Full Time</td> <td style="text-align: center;">Part Time</td> <td style="text-align: center;">Volunteer</td> </tr> </table>	Full Time	Part Time
Full Time	Part Time	Volunteer	
	Average hours worked per week		
Duties and responsibilities			

Employer	Your Title		
Address	Name & Title of your Supervisor		
Reason(s) for leaving	Dates worked From _____   To _____		
	<table border="0"> <tr> <td style="text-align: center;">Full Time</td> <td style="text-align: center;">Part Time</td> <td style="text-align: center;">Volunteer</td> </tr> </table>	Full Time	Part Time
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Duties and responsibilities			

Employer	Your Title
Address	Name & Title of your Supervisor
Reason(s) for leaving	Dates worked From _____   To _____
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Average hours worked per week _____
Duties and responsibilities	

Employer	Your Title
Address	Name & Title of your Supervisor
Reason(s) for leaving	Dates worked From _____   To _____
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	Average hours worked per week _____
Duties and responsibilities	

*If additional space is needed, attach additional sheets.*







State of Hawaii  
Department of the Attorney General  
Deputy Attorney General  
Authorization to Release Information

To Whom It May Concern:

In connection with the background investigation being conducted by the Department of the Attorney General, I hereby authorize any authorized representative of the Department of the Attorney General bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my State Bar, grievance records, employment, military, or education records including, but not limited to, academic, achievement, attendance, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information will be used in connection with the consideration of my employment by the Department of the Attorney General and will be disseminated to those individuals or agencies directly involved in this determination. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:

\_\_\_\_\_ (Signature)

Full Name:

\_\_\_\_\_ (Type or print)

Date:

Current Address:

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

Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

State

Number

Bar Membership(s):

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