

CITY AND COUNTY OF HONOLULU  
AUTHORIZATION FOR EMPLOYMENT CHECK

FULL NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES USED: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_   
Last First Middle

POSITION: \_\_\_\_\_

DEPARTMENT: PROSECUTING ATTORNEY

SOCIAL SECURITY NO. \_\_\_\_\_ SEX: MALE  FEMALE

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

RESIDENCE AT TIME OF APPLICATION: \_\_\_\_\_  
(STATE / ZIP CODE)

*I hereby give my consent and authorize representatives of the City and County of Honolulu to conduct a background check to determine my personal suitability for employment. I understand that the background check may include but not be limited to a review/verification of my employment and education, criminal history records, state licensing records, credit history, military records, driving history and court records.*

\_\_\_\_\_  
Signature Date

**FOR AGENCY USE ONLY**

*Effective 10/6/2005, PAT was granted a waiver from DHR Employment Suitability Clearance for applicants to the Department of the Prosecuting Attorney (PAT). PAT has been authorized to conduct and approve applicants hired for their Department.*

- CLEARED FOR EMPLOYMENT SUITABILITY
- NOT CLEARED FOR EMPLOYMENT SUITABILITY

\_\_\_\_\_  
KEITH M. KANESHIRO, Prosecuting Attorney Date  
Department of the Prosecuting Attorney  
For City and County of Honolulu

\_\_\_\_\_  
Former / Current Employee ID No. Department