

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 768-7400 • FAX: (808) 768-7515



AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize representatives of the Department of the Prosecuting Attorney, City and County of Honolulu to obtain information on my criminal history background. I understand that this check must be completed before I am granted unescorted access to any Prosecutor facility. I also understand that refusal to provide all necessary information may result in (1) denial of entry into a Prosecutor facility, (2) denial of employment/internship/volunteer status, (3) denial of vendor contracted services, (4) denial of access to CJI.

If this background check is for employment purposes, I further consent the 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.

Purpose: ☐ Employment ☐ Internship ☐ Volunteer

☐ Other Reason: _____

☐ Facility Access ☐ CJI Access ☐ FOB Required FOB# _____

Access Dates/Times: _____

Legal Name (last, first, middle) _____

Gender ☐ Male ☐ Female ☐ Other

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Residence at Time of Application (State, Zip Code) _____

I acknowledge that the above-listed information is true and correct:

Signature: _____ Date: _____

***** PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF CURRENT VALID PICTURE ID *****

Effective 10/06/2005 a waiver from DHR Employment Suitability Clearance for applicants was granted to the Department of the Prosecuting Attorney (PAT). PAT is authorized to conduct and approve applicants hired for the Department.