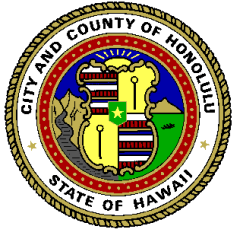


CITY & COUNTY OF HONOLULU
DEPARTMENT OF PROSECUTING ATTORNEY EMPLOYMENT APPLICATION



CITY & COUNTY OF HONOLULU
 DEPARTMENT OF THE PROSECUTING ATTORNEY
 1060 Richards Street
 Honolulu, Hawaii 96813
 (808) 768-6407
<https://www.honoluluprosecutor.org>

Received:
 For Official Use Only:
 QUAL: _____
 DNQ: _____
 Experience
 Training
 Other: _____

PERSONAL INFORMATION

Position Title: DEPUTY PROSECUTING ATTORNEY		Date:
Name: (Last, First, Middle)		
Address: (Street, City, State, Zip Code)		
Home Ph:	Cell:	Email:
Birth Month/Day: (MM/DD)	Former Last Name, if applicable (list only one; leave blank if none)	

EDUCATION

High School:			
Location: (City, State)	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	Month/Year:
College/University:			
Location: (City, State)	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	Month/Year:
Major:		Units Completed:	
Law School:			
Location: (City, State)	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	Month/Year:
Major:		Units Completed:	

WORK EXPERIENCE (Past 10 years beginning with your most recent position)

Start-End:	Employer:	Title:
Address: (Street, City, State, Zip Code)		

Website:		Phone:	Supervisor:
Hours Per Week:	Last Salary:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
 			
Start-End:	Employer:	Title:	
Address: (Street, City, State, Zip Code)			
Website:		Phone:	Supervisor:
Hours Per Week:	Last Salary:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
 			
Start-End:	Employer:	Title:	
Address: (Street, City, State, Zip Code)			
Website:		Phone:	Supervisor:
Hours Per Week:	Last Salary:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
 			
Start-End:	Employer:	Title:	
Address: (Street, City, State, Zip Code)			
Website:		Phone:	Supervisor:
Hours Per Week:	Last Salary:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
 			
Start-End:	Employer:	Title:	
Address: (Street, City, State, Zip Code)			
Website:		Phone:	Supervisor:
Hours Per Week:	Last Salary:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			
Reason for Leaving:			
 			

Start-End:	Employer:	Title:
Address: (Street, City, State, Zip Code)		
Website:	Phone:	Supervisor:
Hours Per Week:	Last Salary:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for Leaving:		
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type:	Expiration Date:	Issuing State:
PROFESSIONAL LICENSE/CERTIFICATES		
Type:	Issued:	Expiration Date:
License Number:	Issuing Agency:	
Type:	Issued:	Expiration Date:
License Number:	Issuing Agency:	
SIGNATURE		
<p>I HEREBY CERTIFY that all statements made on or in connection with this application including those regarding my education and employment record are true and correct to the best of my knowledge. I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to any employment in the service of the City and County of Honolulu. I understand that all information is subject to verification.</p> <p>Further, I understand that I may be required to pass a drug screening test, and that applications and attachments become the property of the City Department of Human Resources and will not be returned. Also I will keep a copy of this application to bring with me to the interview.</p>		
Signature:		Date:
REFERENCES (Optional)		
<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Position:
Address: (Street, City, State, Zip Code)		
Email Address:		Phone Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Position:
Address: (Street, City, State, Zip Code)		
Email Address:		Phone Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Position:
Address: (Street, City, State, Zip Code)		
Email Address:		Phone Number:
I understand that these references may be contacted.		