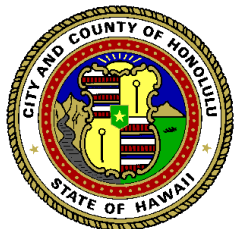


CITY & COUNTY OF HONOLULU

DEPARTMENT OF PROSECUTING ATTORNEY EMPLOYMENT APPLICATION (ATTORNEYS)



CITY & COUNTY OF HONOLULU DEPARTMENT OF PROSECUTING ATTORNEY

1060 Richards Street
Honolulu, Hawaii 96813
(808) 768-6407

<http://www.honoluluprosecutor.org>

Received:
For Official Use Only:

QUAL: _____

DNQ: _____

☐ Experience

☐ Training

☐ Other: _____

PERSONAL INFORMATION

Position Title: DEPUTY PROSECUTING ATTORNEY		Date:
Legal 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:	
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:
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Address: (Street, City, State, Zip Code)		
Website:	Phone:	Hours Per Week:
Supervisor:	Email:	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:	Hours Per Week:
Supervisor:	Email:	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:	Hours Per Week:
Supervisor:	Email:	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:	Hours Per Week:
Supervisor:	Email:	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:	Hours Per Week:
Supervisor:	Email:	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:	Hours Per Week:
Supervisor:	Email:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Reason for Leaving:		

ADDITONAL INFORMATION

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain):		
Do you have a driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type:	Expiration Date:	Issuing State:
Data Available for Hire:		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any act, attempt, or conspiracy to overthrow the state or the federal government by force or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered "Yes," please indicate the date and explain below</i>		

BAR INFORMATION

Hawai'i Bar ID:	Admitted:			
Legal Name at time of Bar Exam:				
BAR EXAMS				
State:	Date Taken:	Passed: <input type="checkbox"/>	Failed: <input type="checkbox"/>	Pending: <input type="checkbox"/>
State:	Date Taken:	Passed: <input type="checkbox"/>	Failed: <input type="checkbox"/>	Pending: <input type="checkbox"/>
State:	Date Taken:	Passed: <input type="checkbox"/>	Failed: <input type="checkbox"/>	Pending: <input type="checkbox"/>

PROFESSIONAL LICENSE/CERTIFICATES

Type:	Issued:	Expiration Date:
License Number:	Issuing Agency:	
Type:	Issued:	Expiration Date:
License Number:	Issuing Agency:	

REFERENCES

(Use additional pages if necessary)

<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:
<p align="center">I understand that these references may be contacted.</p>		

SIGNATURE

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.

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.

Applicant Name:	Date:
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