General Information

Last Name	First	Middle	Other names used (include maiden name) and date(s) of use:	Social Security No. (Optional)
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

RESIDENCE STATUS
Are you a current or former legal resident of Hawaii?
☐ Yes ☐ No
The month/year Hawaii residence began:
From ____/____ to ____/____

Period (month/year) of former legal residency:
From ____/____ to ____/____

(NOTE: State law requires most applicants to be legal residents or former legal residents of Hawaii)

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 From	To	Class Standing	Degree Rec'd

2. Other Qualifications

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

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.)*

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) *Specify*	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]
	[ ]	[ ]

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
	Full Time Part Time Volunteer
	Average hours worked per week
	Starting salary $ per
	Ending salary $ per
Duties and responsibilities	

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Duties and responsibilities	

If additional space is needed, attach additional sheets.

9. Legal Research. *Many activities of a deputy attorney general involve research. Describe your experience in legal research. Include experience gained in full or part-time employment in a legal practice. In your response, identify the issue, the purpose of the research and its ultimate use. If the product of the research was published, include the citation. DO NOT attach a copy of your research. NOTE: If you have done a large amount of one type of research, summarize by indicating how much of that type you have done and the general purpose and use of the research.*

10. Legal Representation. Deputy attorneys general argue cases before state and federal courts and represent state agencies in administrative hearings. For **each** full or part-time position which required appearing in court or before an administrative tribunal, please give the following information:

a. The number of civil jury trials you handled to completion.
b. The number of criminal jury trials you handled to completion.
c. A detailed description of the types of cases you handled. Explain your specific role (private defense counsel, prosecutor, public defender, co-counsel, etc.)
d. What percentage of your total time in this position was spent in legal representation in court or before an administrative tribunal?

If additional space is needed, attach additional sheets.

11. Legal Counsel. Upon request, a Deputy Attorney General provides professional legal advice to the Legislature, the Governor and to state agencies on matters affecting their operations by interpreting administrative rules, statutes and case law, and developing formal and informal legal opinions. Please describe your experience, if any, in this area. Your response should include:

1) What clients or organization did you assist?
2) What was the nature and scope of your opinions? Were they final or subject to review? *(If subject to review, by whom and for what purpose, i.e., content or policy?)*
3) The type of situations. Identify each type if your work included several types.
4) What were the legal and factual issues which were the subject of your advice/research?

12. Legal Writing. Many activities of a Deputy attorney general involve preparing legal memoranda. Submit no more than two samples of your legal writing. At least one sample should be a court document. If your writing is only part of a legal memorandum, clearly indicate that part of the memorandum you have written. Submit only those memoranda that you have written.

13. References. List two references. *At least one (1) reference must be from the legal field.*

Name	Title	Telephone No.
Firm/Organization	Address	

Name	Title	Telephone No.
Firm/Organization	Address	

May we contact your present employer(s)? Yes No

May we contact your former employer(s)? Yes No

Is/Are there any conflict(s) that may preclude your accepting a position in a particular area of law? Yes No
(If you answered "yes", indicate the area(s) and explain below)

_____

_____

Certification of Applicant.

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawaii. I have read the terms and conditions stated on this application.

_____ _____
Signature of Applicant Date

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): _____

_____

_____