General Information Last Name Middle Other names used (include maiden Social Security No. (Optional) name) and date(s) of use: Hawaii Attorney No. Mailing Address 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.) I will accept a job on the island(s) checked below: ☐ Hawaii-Kona Oahu Maui Kauai Hawaii-Hilo Application for Employment State of Hawaii **Department of the Attorney General Attorney** 425 Queen Street **Positions** Honolulu, Hawaii 96813 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.

School Name	Location	Major Course	Dates Atte	ended	Class	
	(City, State)	or Subject	From	То	Standing	Degree Rec'
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State	Date Taken	Passed Pending	Date Fa	iled	Date Sworn In
Admitted to Practice B	efore: (Specify dates)				
Highest courts in the state	es of				
United States courts					
Other					
Disciplinary Actions					
Have any disciplinary cor		inst you? No	Yes (If "yes",	complete belo	w and if necessar
cumstances)		·		an explanatio	
State in Which Compla	int was Filed	Date		Disposition	
ithin the past five years, wer ere you separated from milit	re you dismissed from of tary service under conditions the date and reasons for y	or asked to resign fro litions other than hon your dismissal or resign	m employment? orable? ation from employ	No No ment or separ	Yes Yes
Dismissals From Emithin the past five years, were ree you separated from militing for a support of the following states of the	re you dismissed from of tary service under conditions from employment, pations from employment, poort: 1) Arrests not followed a felony or misdemented of any act, attemptions.	or asked to resign fro ditions other than hon vour dismissal or resign provide also the name and ved by convictions. 2) anor?	m employment? orable? ation from employ and address of the	No No ment or separ e employer.)	Yes Yes ation from military

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	l 1	Γ 1
Other(b) Specify		[]
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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 Su	pervisor
Reason(s) for leaving	Dates worked From	To
	Full Time F	Part Time Volunteer
	Average hours worked p	oer week
	Starting salary \$	per
	Ending salary \$	per
Duties and responsibilities		

Employer	Your Title	
Address	Name & Title of your Supervi	isor
Reason(s) for leaving	Dates worked From	To
	Full Time Part Ti	me Volunteer
TO SERVICE MALES	Average hours worked per w	eek
	Starting salary \$	per
	Ending salary \$	per
Duties and responsibilities		

Employer	Your Title	
Address	Name & Title of your \$	Supervisor
Reason(s) for leaving	Dates worked From	[То
	Full Time	Part Time Volunteer
	Average hours worker	d per week
	Starting salary \$	per
	Ending salary \$	per
Duties and responsibilities		

Employer	Your Title		
Address	Name & Title of your S	upervisor	
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			

If additional space is needed, attach additional sheets.

Inc res res	Legal Research. Many activities of a deputy attorney general involve research. Describe your experience in legal research clude experience gained in full or part-time employment in a legal practice. In your response, identify the issue, the purpose of the search and its ultimate use. If the product of the research was published, include the citation. DO NOT attach a copy of your search. NOTE: If you have done a large amount of one type of research, summarize by indicating how much of that type you have and the general purpose and use of the research.
age	Deputy attorneys general argue cases before state and federal courts and represent state encies in administrative hearings. For each full or part-time position which required appearing in court or before an administrative equal, please give the following information: The number of civil jury trials you handled to completion. The number of criminal jury trials you handled to completion. A detailed description of the types of cases you handled. Explain your specific role (private defense counsel, prosecutor, public defender, co-counsel, etc.) 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:
 What clients or organization did you assist? What was the nature and scope of your opinions? Were they final or subject to review? (If subject to review, by whom and for wh purpose, i.e., content or policy?) 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.

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	
s/Are there any conflict(s) that may preclude yo (If you answered "yes", indicate the area(s) and	ur accepting a position in a particular area of law	? Yes No
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in you answered yes , indicate the area(s) all	a explain below)	
Certification of Applicant.	a explain below)	
Certification of Applicant. I hereby certify that all statements in this a understand that any misstatements of mat	pplication are true and correct to the best of erial facts herein may cause forfeiture of all the terms and conditions stated on this applications.	rights to any employment in the

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:			(Type of print)	
Current Address:				
Telephone Numbers:	Home		_ Business	Cell
		State		Number
Bar Membership(s):				