



STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
P.O. BOX 621  
HONOLULU, HAWAII 96809

## HOW TO APPLY

If you are interested in applying for the Commission on Water Resource Management, please submit the following:

1. A completed and signed application form (3 pages). A resume may be attached, if necessary.
2. A letter of interest (*optional*).
3. A list of references. The names and contact information of at least three (3) references.

For consideration, the three (3) items above may be sent to the address below or faxed to (808) 587-0219.

Commission on Water Resource Management  
Department of Land and Natural Resources  
1151 Punchbowl Street, Room 227  
Honolulu, Hawaii 96813

If you have any questions, please call the Water Commission at (808) 587-0214 or email [dlr.cwrp@hawaii.gov](mailto:dlr.cwrp@hawaii.gov).

FIRST NAME:		MIDDLE NAME:
LAST NAME:	SUFFIX, IF ANY:	MAIDEN OR OTHER NAMES, INCLUDING DATES OF USE
INDICATE PREFERRED TITLE, IF ANY, E.G., MS. MRS. MISS, MR., DR., REV., BR., FR.		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS (Street Address, City, State, Zip Code)		HOME PHONE
MAILING ADDRESS (If different from above)		BUSINESS PHONE
DATE OF BIRTH	RESIDENCY IN HAWAII (years)	MOBILE PHONE
NAME OF SPOUSE		PRIMARY EMAIL ADDRESS

APPLYING FOR THE FOLLOWING BOARD(S) OR COMMISSION(S)

EDUCATION *(May attach a resume)*

CURRENT PROFESSION / OCCUPATION

EXPERIENCE *(Major employment record beginning with present to last employment) (May attach a resume)*

FROM (Year)	TO (Year)	
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL ORGANIZATION, HONORS, LICENSES, ETC. *(May attach a resume)*

COMMUNITY SERVICE *(Organizations; offices held; indicate past or present) (May attach a resume)*

MILITARY SERVICE RECORD *(Including awards, decorations, etc.) (May attach a resume)*

**Continued on the next page**

Are you currently serving on any public board or commission created by the State or any of its political subdivisions?  
If so, please state the name of the body and the date when your term expires.

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**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? Yes  No

2) Have you ever been convicted of any act, attempt or conspiracy to overthrow the state or the federal government by force or violence? Yes  No

If you answered "yes" to either question, indicate the date(s) and explain below: Date(s):

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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 appointed position in the service of the State of Hawaii.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **IMPORTANT - PLEASE READ**

#### **State Ethics Commission Annual Disclosure of Financial Interests**

Under the State Ethics Law, HRS ch. 84, members of state boards and commissions who are appointed to terms of more than one year and whose functions are not "solely advisory" must file a financial disclosure statement with the State Ethics Commission. Statements, other than the statements of members of boards that head a state department, will be maintained confidential and neither published nor disclosed by the Ethics Commission without the member's permission, during the member's term, and for six years thereafter whereupon they will all be destroyed. Questions as to whether the members of a particular board must file a disclosure statement, or whether statements filed by the members of a particular board are subject to disclosure should be posed directly to the State Ethics Commission.

**PLEASE CHECK:**       **I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT**

Questions? Please call the State Boards and Commissions Office at (808) 586-0026.

**Continued on the next page**

To Whom It May Concern:

In conjunction with the background investigation being conducted by the Office of the Governor for my possible appointment to a state board or commission, I hereby authorize the representative of the Office of the Governor, State of Hawaii, bearing this release, or copy thereof, to obtain information about me that you may have pertaining to my employment, military service, or education, including but not limited to academic, achievement, attendance, personal history, disciplinary, awards, and distinction records. I hereby direct you to release such information to the bearer of this release upon request of the bearer. This authorization to release is executed with my full knowledge and understanding that the information will be used in connection with my application for possible appointment to a state board or commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security (optional): \_\_\_\_\_