

CAREER OPPORTUNITY
STATE OF HAWAII – DEPARTMENT OF TAXATION
 Personnel Office - 830 Punchbowl Street - Room 217 Honolulu, Hawaii 96813

Opening Date: October 17, 2024

Ending Date: Until position is filled

DELINQUENT TAX COLLECTION ASSISTANT II
Recruitment Number TAX-2024-08
MAUI District
Permanent Full-Time Position

JOB DUTIES:

The primary purpose of this position is to enforce statutory requirements for the collection of all delinquent taxes and filling of tax returns. The primary purpose of this position is to perform specialized work in collection that includes collecting delinquent taxes, securing non-filed tax returns from taxpayers, and conducting investigations to determine the compliance of filing requirements; conducts and enforces the collection of delinquent State taxes through field contacts after office collections efforts have failed. Accounts are difficult cases requiring the application of accounting, legal and business knowledge, and employing investigative techniques.

MINIMUM QUALIFICATION REQUIREMENTS:

PREREQUISITE KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED

Knowledge: Applicable State tax laws, departmental rules and regulations, policies and procedures relating to tax collection and compliance, enforcement of tax returns filing; generally accepted accounting principles and practices.

Skills/Abilities: Ability to analyze financial records of individuals and business entities to determine solvency and location of assets; ability to negotiate and deal effectively with taxpayers and their representatives, and ability to obtain pertinent information in a complete and expeditious manner to resolve delinquent tax cases. General knowledge of tax operations as they apply to tax collections and delinquent account research; State tax laws, rules, and regulations; interviewing techniques; and account keeping methods.

EDUCATION:

Graduation from an accredited college or university may be substituted for three (3) years of General Experience.

EXPERIENCE:

Except for the substitutions provide for in this specification, applicants must have had progressively responsible experience of the kind and quality described in the statement below and in the amounts shown below, or any equivalent combination of training and experience.

Specialized Clerical Experience: One (1) year of experience in the tax field which required the application of tax laws and related regulations and procedures in collecting current or delinquent taxes, in preparing tax returns, or in determining tax liability.

OR One (1) year of collecting experience.

In addition to the experience required at Level I, applicants must have:

Two (2) year of tax collection experience performing a variety of delinquent tax collection assignments involving moderately difficult cases such as collecting from individuals with large income, small to moderately large business, etc., comparable to the Delinquent Tax Collection Assistant I level.

SUBSTITUTIONS ALLOWED:

Successful completion of fifteen (15) semester credits of coursework from an accredited college or university, which included at least six (6) credits in accounting, auditing, or finance courses, may be substituted for six (6) months of the Specialized Experience up to a maximum of two (2) years.

QUALITY OF EXPERIENCE:

Possession of the required number of years of experience will not in itself be accepted as proof of qualification for

a position. The applicant's overall experience must have been of such scope and level of responsibility as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

DETERMINATION:

Final determination will be based on the Minimum Qualification requirements contained in the complete and official class specifications for the vacancy. The complete class specifications and position description are on the file in the Personnel Office.

APPLICATION INSTRUCTIONS

HOW TO APPLY

1. Applications are available at the Department of Taxation (DOTAX) – Personnel Office or online at <http://tax.hawaii.gov/about/jobs/>
2. Complete and return all forms to the Department of Taxation – Personnel Office, P.O. Box 259, Honolulu, HI 96809.

Your application may be rejected if the required documentation as identified below is not submitted at the time of application. A legible photocopy of your application with current information and an **original signature** may be accepted.

REQUIRED FORMS / DOCUMENTATION

You must submit the following forms / documentation together with your application or your application may be rejected:

Evidence of the appropriate training (e.g., OFFICIAL transcripts) to be given credit for education. A photocopy will be accepted, however, DOTAX reserves the right to request for an official copy.

NOTE: Copies of transcripts are sufficient to make an initial determination of eligibility (i.e. -to determine whether a candidate meets the Minimum Qualification requirements). However, official transcripts will need to be submitted before DOTAX can make an Offer of Employment

FILING DEADLINE:

For recruitments with a specific application deadline, all completed application materials must be received (in-person submissions) or postmarked (mailed submissions) by that date in order to be considered. For continuous recruitments that do not have a specific application deadline (e.g. -Continuous, Continuous Until Needs Are Met, etc), you are encouraged to file your application as soon as possible. A notice regarding the closure of a continuous recruitment will be posted in the Personnel Office.

EXAMINATION AND EVALUATION:

The examination for this recruitment will be conducted on an unassembled basis where the examination score is based on an evaluation and rating of your education and experience. It is therefore important that your employment application provide a clear and detailed description of the duties and responsibilities of each position you held. At the discretion of DOTAX, interviews and/or testing may be required. If interviews and/or testing is required, applicants who meet the Minimum Qualification requirements and are referred for further evaluation must be available to participate in this phase of the selection process at their own expense. In addition to employment availability and evaluation scores, the referral of qualified applicants may be based upon other factors, including but not limited to the order in which completed applications were received.

NOTIFICATION TO APPLICANTS

The Department of Taxation will use electronic mail (email) to notify applicants of important information relating to the status and processing of their applications as part of our ongoing efforts to increase operational efficiency, promote the conservation of green resources, and minimize delays and costs.

Please ensure that the email address and contact information you provide is current, secure, and readily accessible to you. We will not be responsible in any way if you do not receive our emails or fail to check your email-box in a timely manner.

PUBLIC SERVICE LOAN FORGIVENESS (PSLF) PROGRAM

The PSLF Program is a federal program that is intended to encourage individuals to work in public service by forgiving the balance of their federal student loans. To qualify, the individual must have made 120 qualifying payments while employed by a qualifying employer. More information may be obtained at:

<https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service>

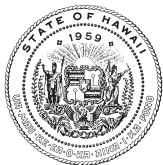
EQUAL OPPORTUNITY EMPLOYER

DOTAX is an equal opportunity employer and is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, citizenship, disability, genetic information, marital status, breastfeeding, income assignment for child support, arrest and court records (except as permissible under State law), sexual orientation, domestic or sexual violence victim status, national guard absence, or status as covered veteran.

As a State agency, DOTAX complies with applicable State and Federal laws relating to employment practices.

If you need a reasonable accommodation to participate in the application process, please call the DOTAX Personnel Office at (808) 587-1503 (voice), (808) 587-1417 (TTY). A request for reasonable accommodation should be made no later than ten (10) calendar days prior to the needed accommodations.

Employment is contingent on satisfying employment eligibility verification requirements of the immigration Reform and Control Act of 1996, reference checks of previous employers, and a criminal history check.



STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

HAWAI'I DEPARTMENT OF TAXATION

Personnel Office

830 Punchbowl Street, Room 217, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS.

The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

I acknowledge I have read and understood the above information.

2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

Note: Veteran's Preference is only applicable for open-competitive recruitments.

If you are claiming Veteran's Preference, please scan and attach a copy of your DD-214 form and/or official statement from the Veterans Administration or armed forces to your application.

- None
- I am claiming 5 Veteran's Preference points and will submit a copy of my DD-214.
- I am claiming 10 Veteran's Preference points and will submit a copy of my DD-214 and/or official statement from the Veterans Administration (VA), as applicable.

If you are claiming U.S. Military Service, please complete the following:

A. Date Entered Service: _____

B. Date Separated From Service: _____

3. _____
POSITION TITLE APPLYING FOR

4. _____
RECRUITMENT NUMBER

5. NAME: _____
Last First Middle

6. OTHER NAMES USED OR FORMER LAST NAME: _____

7. MAILING ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

8. PHONE NUMBER: _____
Home Other

9. CERTIFICATE 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 Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date Original Signature of Applicant

STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?..... YES..... NO

B) Separated from military service under conditions other than honorable? YES..... NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

STATE OF HAWAII DEPARTMENT OF TAXATION
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in blue or black ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. 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 job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT DATA SURVEY

(Page 1 of 2)

NAME		DATE	
Please complete one Applicant Data Survey form for each job you apply for. If applying for more than one level of work appearing in the same State of Hawaii Career Opportunity announcement, complete an additional line for each additional level of work.			
JOB(S) APPLYING FOR	TITLE	RECRUITMENT NUMBER	

APPLICANT DATA SURVEY (Optional)						
The State of Hawaii invites employees and applicants to voluntarily self-identify their age, sex, race or ethnicity, and language skills. Submission of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept CONFIDENTIAL and may only be used in accordance with provisions of applicable laws, executive orders, and regulations.						
AGE	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 and over
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female						
ETHNICITY (Check the box below if you are of Hispanic Origin)						
<input type="checkbox"/> Hispanic or Latino: All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.						
RACE (Select one or more racial categories below to describe yourself)						
<input type="checkbox"/> White: All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. (e.g., persons who identify as Portuguese, German, Lebanese, Arab, or Egyptian).						
<input type="checkbox"/> Black or African American: All persons having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.						
Native Hawaiian and Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc.						
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Part Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro						
<input type="checkbox"/> Other Pacific Islander _____						
For Example: Belauan, Chuukese, Cook Islands, Fijian, Kosraean, Maori, Marshallese, Papua New Guinea, Pohnpeian, Rapa Nui, Solomon Islands, Tahitian, Vanuatu, Yapese, etc.						
Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.						
<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese						
<input type="checkbox"/> Other Asian _____						
For Example: Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Taiwan, Thailand, Yemen, etc.						

Note: Race/ethnic designations as used by the U.S. Equal Employment Opportunity Commission (EEOC) do not denote scientific definitions of anthropological origins.

APPLICANT DATA SURVEY

(Page 2 of 2)

FOREIGN (NON-ENGLISH) SPOKEN (OR SIGN) LANGUAGE SKILLS (Select from the languages/dialects listed below)				
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Bahasa (Indonesian)	<input type="checkbox"/> Bengali	<input type="checkbox"/> Burmese	<input type="checkbox"/> Cantonese (Chinese)	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Mandarin (Chinese)		<input type="checkbox"/> Croatian
<input type="checkbox"/> Shanghai (Chinese)	<input type="checkbox"/> Taiwanese (Chinese)		<input type="checkbox"/> Teochew/Chaozhou (Chinese)	
<input type="checkbox"/> Czech	<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Flemish
<input type="checkbox"/> French	<input type="checkbox"/> Finish	<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Kannada (India)	<input type="checkbox"/> Konkani (India)
<input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Punjabi(India)	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer (Cambodian)
<input type="checkbox"/> Kiswahili	<input type="checkbox"/> Korean	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Latvian	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Latin	<input type="checkbox"/> Malay	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Myanmar	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Cebuano Visayan (Philippines)	
<input type="checkbox"/> Ilokano (Philippines)	<input type="checkbox"/> Ilonggo Visayan (Philippines)		<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Swahili
<input type="checkbox"/> Spanish	<input type="checkbox"/> Serbo-Croatian		<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog (Philippines)
<input type="checkbox"/> Telugu	<input type="checkbox"/> Thai	<input type="checkbox"/> Tamil (India)	<input type="checkbox"/> Tamil (Ceylon)	<input type="checkbox"/> Tongan
<input type="checkbox"/> Turkish	<input type="checkbox"/> Twi (Ghana)	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Urdu (Pakistan)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Welsh	<input type="checkbox"/> Wolof	<input type="checkbox"/> Yapese	<input type="checkbox"/> Other - Pls. specify: _____	

Please select one (1) of the following on your fluency in the language/dialect as referenced above.	<input type="checkbox"/> Native or Native-like	<input type="checkbox"/> Conversational	<input type="checkbox"/> Simple phrases	<input type="checkbox"/> Not applicable
Rate your ability to SPEAK the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to READ the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to WRITE the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
If needed, are you comfortable in assisting or interpreting for limited English clients/customers who speak your language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	

Employment Availability Information

State of Hawaii Application for Civil Service Positions

Department of Taxation
P.O. Box 259 Honolulu, HI 96809-0259

Name _____

Last

First

Middle Initial

INSTRUCTIONS:

1. Please type or print in ink. Complete both sides of this form.
2. Use this form to apply for the job(s) described on the accompanying State of Hawaii Career Opportunity announcement. If you are applying for more than one level of work, (for example, Accountant III & IV) this form will be used for all levels for which you've applied. If you wish to have different information for each level, you must submit a separate Employment Availability Information form for each level. **Please remember to complete a separate application and Employment Availability Information form to apply for job(s) on another State of Hawaii Career Opportunity announcement.**
3. The employment conditions you choose will determine the types of job(s) (for example, full-time, permanent, Wailuku, etc.) for which you may be referred. Changes to your availability must be in writing and submitted to us at the above address.
4. Notify the Department of Taxation Personnel Office in writing of any changes to your mailing address, telephone number, and/or work availability. Be sure to include your full name and the job you applied for. Your changes will replace the previous information on record.

RECRUITMENT NO.	JOB TITLE	TAX Use Only			
		Acc	Rej	Code(s)	Notice Date
				VP/Exp. Date	HRS/Date

Employment Availability Please check (✓) the following conditions of employment for which you are interested and available.
A blank response will be considered a NO response.

- | | | | | |
|---------------------------------|--------------------------|-----------|--------------------------|-----------|
| 1. Permanent job | <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Part-time |
| 2. Temporary job | <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Part-time |
| 3. A job at a lower rate of pay | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Geographical Availability Please check (✓) all the locations for which you are willing to accept employment.
Note: You must be available to work in any or all areas within the geographic area(s) that you have selected.

OAHU

- Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
- Waipahu to Aiea** (Includes Waikele, Waipio, Pearl City)
- Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
- Manoa to Kahala** (Includes McCully, Moiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- Aina Haina to Hawaii Kai**
- Waimanalo / Kailua**
- Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)
- Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kuilima)
- North Shore** (Includes Waimea, Haleiwa, Waialua)
- Wahiawa / Kunia / Mililani**
- Waianae Coast** (Includes Nanakuli, Maili, Waianae, Makaha)

HAWAII

- Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
- Honokaa / Hamakua** (Includes Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
- Kamuela / Kohala / Waikoloa** (Includes Halaula, Kapaau, Hawi, Kawaihae)
- Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau)
- Ka'u** (Includes Ocean View, Naalehu, Pahala)
- Puna** (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keaau, Paho, Kapoho)

MAUI

- Wailuku / Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina**
- Maalaea / Kihei / Wailea**
- Hana**
- Makawao** (Includes Pukalani, Haliimaile, Haiku, Paia)
- Kula**

KAUAI

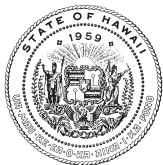
- Lihue** (Includes Hanamaulu)
- Kapaa** (Includes Wailua, Kealia, Anahola)
- Hanalei** (Includes Kilauea, Princeville, Haena)
- Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)
- Koloa** (Includes Lawai, Omao)

LANAI

- Lanai City**

MOLOKAI

- Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
- Kalaupapa**



STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

HAWAI'I DEPARTMENT OF TAXATION

Personnel Office

830 Punchbowl Street, Room 217, Honolulu, Hawaii 96813

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- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
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I acknowledge I have read and understood the above information.

2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

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If you are claiming U.S. Military Service, please complete the following:

A. Date Entered Service: _____

B. Date Separated From Service: _____

3. _____
POSITION TITLE APPLYING FOR

4. _____
RECRUITMENT NUMBER

5. NAME: _____
Last First Middle

6. OTHER NAMES USED OR FORMER LAST NAME: _____

7. MAILING ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

8. PHONE NUMBER: _____
Home Other

9. CERTIFICATE 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 Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date Original Signature of Applicant

STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?..... YES..... NO

B) Separated from military service under conditions other than honorable? YES..... NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

STATE OF HAWAII DEPARTMENT OF TAXATION
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in blue or black ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. 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 job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT DATA SURVEY

(Page 1 of 2)

NAME		DATE	
Please complete one Applicant Data Survey form for each job you apply for. If applying for more than one level of work appearing in the same State of Hawaii Career Opportunity announcement, complete an additional line for each additional level of work.			
JOB(S) APPLYING FOR	TITLE	RECRUITMENT NUMBER	

APPLICANT DATA SURVEY (Optional)						
The State of Hawaii invites employees and applicants to voluntarily self-identify their age, sex, race or ethnicity, and language skills. Submission of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept CONFIDENTIAL and may only be used in accordance with provisions of applicable laws, executive orders, and regulations.						
AGE	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 and over
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female						
ETHNICITY (Check the box below if you are of Hispanic Origin)						
<input type="checkbox"/> Hispanic or Latino: All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.						
RACE (Select one or more racial categories below to describe yourself)						
<input type="checkbox"/> White: All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. (e.g., persons who identify as Portuguese, German, Lebanese, Arab, or Egyptian).						
<input type="checkbox"/> Black or African American: All persons having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.						
Native Hawaiian and Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc.						
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Part Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro						
<input type="checkbox"/> Other Pacific Islander _____						
For Example: Belauan, Chuukese, Cook Islands, Fijian, Kosraean, Maori, Marshallese, Papua New Guinea, Pohnpeian, Rapa Nui, Solomon Islands, Tahitian, Vanuatu, Yapese, etc.						
Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.						
<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese						
<input type="checkbox"/> Other Asian _____						
For Example: Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Taiwan, Thailand, Yemen, etc.						

Note: Race/ethnic designations as used by the U.S. Equal Employment Opportunity Commission (EEOC) do not denote scientific definitions of anthropological origins.

APPLICANT DATA SURVEY

(Page 2 of 2)

FOREIGN (NON-ENGLISH) SPOKEN (OR SIGN) LANGUAGE SKILLS (Select from the languages/dialects listed below)				
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Bahasa (Indonesian)	<input type="checkbox"/> Bengali	<input type="checkbox"/> Burmese	<input type="checkbox"/> Cantonese (Chinese)	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Mandarin (Chinese)		<input type="checkbox"/> Croatian
<input type="checkbox"/> Shanghai (Chinese)	<input type="checkbox"/> Taiwanese (Chinese)		<input type="checkbox"/> Teochew/Chaozhou (Chinese)	
<input type="checkbox"/> Czech	<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Flemish
<input type="checkbox"/> French	<input type="checkbox"/> Finish	<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Kannada (India)	<input type="checkbox"/> Konkani (India)
<input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Punjabi(India)	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer (Cambodian)
<input type="checkbox"/> Kiswahili	<input type="checkbox"/> Korean	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Latvian	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Latin	<input type="checkbox"/> Malay	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Myanmar	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Cebuano Visayan (Philippines)	
<input type="checkbox"/> Ilokano (Philippines)	<input type="checkbox"/> Ilonggo Visayan (Philippines)		<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Swahili
<input type="checkbox"/> Spanish	<input type="checkbox"/> Serbo-Croatian		<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog (Philippines)
<input type="checkbox"/> Telugu	<input type="checkbox"/> Thai	<input type="checkbox"/> Tamil (India)	<input type="checkbox"/> Tamil (Ceylon)	<input type="checkbox"/> Tongan
<input type="checkbox"/> Turkish	<input type="checkbox"/> Twi (Ghana)	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Urdu (Pakistan)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Welsh	<input type="checkbox"/> Wolof	<input type="checkbox"/> Yapese	<input type="checkbox"/> Other - Pls. specify: _____	

Please select one (1) of the following on your fluency in the language/dialect as referenced above.	<input type="checkbox"/> Native or Native-like	<input type="checkbox"/> Conversational	<input type="checkbox"/> Simple phrases	<input type="checkbox"/> Not applicable
Rate your ability to SPEAK the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to READ the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to WRITE the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
If needed, are you comfortable in assisting or interpreting for limited English clients/customers who speak your language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	

Employment Availability Information

State of Hawaii Application for Civil Service Positions

Department of Taxation
P.O. Box 259 Honolulu, HI 96809-0259

Name _____
Last
First
Middle Initial

INSTRUCTIONS:

1. Please type or print in ink. Complete both sides of this form.
2. Use this form to apply for the job(s) described on the accompanying State of Hawaii Career Opportunity announcement. If you are applying for more than one level of work, (for example, Accountant III & IV) this form will be used for all levels for which you've applied. If you wish to have different information for each level, you must submit a separate Employment Availability Information form for each level. **Please remember to complete a separate application and Employment Availability Information form to apply for job(s) on another State of Hawaii Career Opportunity announcement.**
3. The employment conditions you choose will determine the types of job(s) (for example, full-time, permanent, Wailuku, etc.) for which you may be referred. Changes to your availability must be in writing and submitted to us at the above address.
4. Notify the Department of Taxation Personnel Office in writing of any changes to your mailing address, telephone number, and/or work availability. Be sure to include your full name and the job you applied for. Your changes will replace the previous information on record.

RECRUITMENT NO.	JOB TITLE	TAX Use Only			
		Acc	Rej	Code(s)	Notice Date
				VP/Exp. Date	HRS/Date

Employment Availability Please check (✓) the following conditions of employment for which you are interested and available.
A blank response will be considered a NO response.

- | | | | | |
|---------------------------------|--------------------------|-----------|--------------------------|-----------|
| 1. Permanent job | <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Part-time |
| 2. Temporary job | <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Part-time |
| 3. A job at a lower rate of pay | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Geographical Availability Please check (✓) all the locations for which you are willing to accept employment.
Note: You must be available to work in any or all areas within the geographic area(s) that you have selected.

OAHU

- Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
- Waipahu to Aiea** (Includes Waikele, Waipio, Pearl City)
- Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
- Manoa to Kahala** (Includes McCully, Moiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- Aina Haina to Hawaii Kai**
- Waimanalo / Kailua**
- Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)
- Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kuilima)
- North Shore** (Includes Waimea, Haleiwa, Waialua)
- Wahiawa / Kunia / Mililani**
- Waianae Coast** (Includes Nanakuli, Maili, Waianae, Makaha)

HAWAII

- Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
- Honokaa / Hamakua** (Includes Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
- Kamuela / Kohala / Waikoloa** (Includes Halaula, Kapaau, Hawi, Kawaihae)
- Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau)
- Ka'u** (Includes Ocean View, Naalehu, Pahala)
- Puna** (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keaau, Paho, Kapoho)

MAUI

- Wailuku / Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
- Lahaina**
- Maalaea / Kihei / Wailea**
- Hana**
- Makawao** (Includes Pukalani, Haliimaile, Haiku, Paia)
- Kula**

KAUAI

- Lihue** (Includes Hanamaulu)
- Kapaa** (Includes Wailua, Kealia, Anahola)
- Hanalei** (Includes Kilauea, Princeville, Haena)
- Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)
- Koloa** (Includes Lawai, Omao)

LANAI

- Lanai City**

MOLOKAI

- Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
- Kalaupapa**