

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

Opening Date: May 1, 2024,

Closing Date: Continuous till position is filled

**TAX INFORMATION TECHNICIAN II**  
**Recruitment Number TAX-2024-15**  
**MAUI DISTRICT**  
**Full Time Civil Service Position**

**JOB DUTIES:**

This position provides tax information and services to the general public; assist taxpayers on the filing of their net income, general excise, withholding, transient accommodations, and miscellaneous tax returns and license applications; collect, process and deposit taxes; and control and process documents within the district. Additionally, this position will research accounts and issues tax clearance certificates as requested; maintain an inventory of tax forms; assist in the resolution of taxpayers' problems; make online system adjustments and changes; assist taxpayers in preparing simple tax returns as requested; and provide assistance on specialty tax areas, such as HARPTA and exemptions for the general excise tax, etc.

**MINIMUM QUALIFICATION REQUIREMENTS:**

**EXPERIENCE:** Applicants must have had progressively responsible experience of the kind and quality described below and in amounts shown in the following table, or any equivalent combination of training and experience:

Class Title	General Experience (years)	Specialized Experience (years)
Tax Information Tech II	2	1

**General Experience:** Work experience which demonstrated the ability to read, understand and apply rules, regulations, or procedures; perform arithmetic computations; write simply and clearly; and select the best option among several alternatives in resolving procedural or related problems. Such work experience must have been comparable to journey level clerical work in State service.

At least one (1) year of such experience must have demonstrated knowledge or state and/or federal tax laws and regulations, and with methods, procedures, and practices of tax work.

**Specialized Experience:** One (1) year of responsible technical support tax work experience which demonstrated knowledge and application of various tax laws, rules and regulations, and procedures in such areas as general excise and withholding taxes, individual income tax returns and supporting schedules, delinquent taxes, assessments, etc., and the ability to deal effectively with the public.

### **Substitution Allowed:**

1. Excess Specialized Experience of the type and quality described above may be substituted for General Experience on a month-for-month basis.
2. Successful completion of fifteen (15) semester credit hours of course work from an accredited business or technical school, community college, or four (4) year college or university, may be substituted for six (6) months of General Experience, up to a maximum of one (1) year.
3. Successful completion of fifteen (15) semester credit hours of course work from an accredited business or technical school, community college, or four (4) year college or university, which included at least three (3) semester credits that provided knowledge of tax laws and concepts may be substituted for six (6) months of General Experience, up to a maximum of two (2) year.

### **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.

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

### **AN EQUAL OPPORTUNITY EMPLOYER**

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

### **HOW TO APPLY**

1. Applications are available at the Department of Taxation (DOTAX) – Human Resources Office or online at <http://tax.hawaii.gov/about/jobs/>
2. Complete and return all forms to the Department of Taxation – Human Resources 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.

### **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>

### **TESTING INFORMATION**

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.

In-person interviews and/or further testing in Hawaii may be required at the discretion of the hiring agency. If in-person interviews and/or further testing is a requirement, applicants who meet the minimum qualification requirements and are referred to the vacancy must be available to participate in person and at their own expense in this required phase of the selection process.

Applicants are encouraged to submit their applications as soon as possible. In addition to employment availability and score, the referral of qualified applicants may be based upon other factors including date of receipt of the application.

### **QUALITY OF EXPERIENCE**

Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position.

Please provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours you worked per week.

NOTE: The Department of Taxation will not withhold the referral of names of eligible candidates for employment consideration because of your failure to provide accurate and complete information concerning your qualifications.

### **HOW TO FILE**

Applications should be submitted in person to:

Department of Taxation

830 Punchbowl St., Room 217, Honolulu, Hawaii 96813

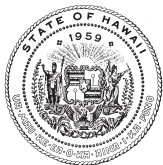
***Or by mail to:***

Department of Taxation

P.O Box 259, Honolulu, Hawaii 96809

### **WHEN TO FILE**

File applications immediately. Mailed applications and supplemental materials should be postmarked by midnight of the last day to file applications. For positions indicating *Continuous Recruitment Until Needs Are Met*, the last day to file applications will be posted in the Personnel Office at the address listed above.



# 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 HAWAI'I DEPARTMENT OF TAXATION

## Application For Civil Service Positions

### EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE APPLYING FOR: \_\_\_\_\_

2. RECRUITMENT NUMBER APPLYING FOR: \_\_\_\_\_

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: \_\_\_\_\_  
Last                      First                      Middle

4. OTHER NAMES USED OR FORMER  
 LAST NAME: \_\_\_\_\_

5. E-MAIL  
 ADDRESS: \_\_\_\_\_

6. MAILING  
 ADDRESS: \_\_\_\_\_  
P.O. Box            or            Number and Street

\_\_\_\_\_ City                      State                      Zip Code

7. PHONE NO.: \_\_\_\_\_  
Home                                              Other

**8. EDUCATION HISTORY:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT WRITE IN THIS SPACE**

**A. NAME AND LOCATION** (city and state) of last grade school attended: (elementary, intermediate or high school)  
 (School name/type) \_\_\_\_\_ (City/State/Country) \_\_\_\_\_

Did you graduate?  Yes  No If no, what grade level did you complete? \_\_\_\_\_

Did you receive a GED?  Yes  No

**B. TRAINING:** In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

**A. DRIVER'S LICENSE:**  Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.  
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

**B. OTHER LICENSES OR CERTIFICATES:** Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

\_\_\_\_\_

**C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH:** List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

**D. SPECIAL QUALIFICATIONS:** Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

<b>Your Present or Last Position</b>	Employer _____ Address _____	From: _____ Month Year
	Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	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 _____
	_____	_____
	Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer _____ Address _____	From: _____ Month Year
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	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 _____
_____	_____
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer _____ Address _____	From: _____ Month Year
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	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 _____
_____	_____
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer _____ Address _____	From: _____ Month Year
Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____	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 _____
_____	_____
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICANT DATA SURVEY

(Page 1 of 2)

<b>NAME</b>		<b>DATE</b>	
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 Hawai'i Career Opportunity announcement, complete an additional line for each additional level of work.			
<b>JOB(S) APPLYING FOR</b>	<b>TITLE</b>	<b>RECRUITMENT NUMBER</b>	

<b>APPLICANT DATA SURVEY (Optional)</b>						
The State of Hawai'i invites employees and applicants to voluntarily self-identify their age, sex, race or ethnicity, and language skills. Submission of this information is <b>VOLUNTARY</b> and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept <b>CONFIDENTIAL</b> and may only be used in accordance with provisions of applicable laws, executive orders, and regulations.						
<b>AGE</b>	<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
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female						
<b>ETHNICITY (Check the box below if you are of Hispanic Origin)</b>						
<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.						
<b>RACE (Select one or more racial categories below to describe yourself)</b>						
<input type="checkbox"/> <b>White:</b> 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"/> <b>Black or African American:</b> All persons having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> <b>American Indian or Alaskan Native:</b> 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.						
<b>Native Hawaiian and Pacific Islander:</b> All persons having origins in any of the original peoples of Hawai'i, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc.						
<input type="checkbox"/> <b>Native Hawaiian</b> <input type="checkbox"/> <b>Part Native Hawaiian</b> <input type="checkbox"/> <b>Tongan</b> <input type="checkbox"/> <b>Samoan</b> <input type="checkbox"/> <b>Guamanian or Chamorro</b>						
<input type="checkbox"/> <b>Other Pacific Islander</b> _____						
For Example: Belauan, Chuukese, Cook Islands, Fijian, Kosraean, Maori, Marshallese, Papua New Guinea, Pohnpeian, Rapa Nui, Solomon Islands, Tahitian, Vanuatu, Yapese, etc.						
<b>Asian:</b> 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"/> <b>Chinese</b> <input type="checkbox"/> <b>Japanese</b> <input type="checkbox"/> <b>Korean</b> <input type="checkbox"/> <b>Filipino</b> <input type="checkbox"/> <b>Vietnamese</b>						
<input type="checkbox"/> <b>Other Asian</b> _____						
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)

<b>FOREIGN (NON-ENGLISH) SPOKEN (OR SIGN) LANGUAGE SKILLS (Select from the languages/dialects listed below)</b>				
<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**