

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

Opening Date: August 2, 2024

Closing Date: Continuous (until position are filled)

Senior Software Developer
Recruitment Number TAX-2024-20
Oahu District
Full Time Exempt Position
Negotiable Salary to Commensurate with Experience

JOB DUTIES:

The position will assume a lead role in the execution of the different phases of the Software Development Life Cycle (planning, analysis, design, development, testing, implementation, and maintenance) to provide reliable and effective solutions to DOTAX and Hawaii taxpayers.

MINIMUM QUALIFICATION REQUIREMENTS:

KNOWLEDGE:

1. INFORMATION MANAGEMENT: Identifies the need for and gathers information from many source; organizes complex or technical information to facilitate analysis and decision making.
2. TECHNICAL COMPETENCE: Possesses considerable understanding and working knowledge of principle, practices, methods, and techniques pertinent to tax and system administration.

SKILLS:

1. CUSTOMER FOCUS: Demonstrates concern for meeting internal and external customers needs in a manner that provides customer satisfaction; builds and maintains customer satisfaction with the products and services offered by the organization.
2. INITIATIVE: Initiates work independently; does more than is required or expected in the job to improve or enhance products and services; plans ahead for upcoming problems or opportunities and takes appropriate action.
3. INTERPERSONAL SKILLS: Deals effectively with others; establishes and maintains effective working relationships with others; treats others with courtesy and tact.
4. ORGANIZATIONAL AWARENESS; Understands and applies knowledge of the mission, functions, policies, and procedures of the organization; understands relationships among units and different levels in the organization.
5. REASONING: Identifies rules, principles or relationships that explain facts, data, or other information; analyze complex information; makes correct inferences and draws accurate conclusions by applying rules that involve many steps.

ABILITIES:

1. **READING:** Understands and interprets simple to complex written material such as correspondence, charts, instructions, reports, laws, rules, regulations, and policies.
2. **WRITING:** Uses correct English grammar, punctuation, and spelling; communicates information in a succinct and organized manner; produces complex written documents or information that is appropriate for the intended audience.
3. **ORAL COMMUNICATION:** Expresses information to individuals and groups effectively, taking into account the audience and nature of the information.
4. **DECISION MAKING:** Makes sound, timely, well-informed, and objective decisions involving complex issues; perceives the impact and implications of decisions.
5. **PROBLEM SOLVING:** Identifies and analyzes complex problems logically and systematically, determines accuracy and relevance of information; uses sound judgement to generate and evaluate alternatives and to make recommendations.

EDUCATION:

1. Graduated from an accredited four (4) year college or university with a bachelor's degree OR
2. Four (4) year of progressively responsible administrative professional, or analytical work experience that provided the knowledge, skills and abilities described above. OR
3. Any equivalent combinations of experience and education.

SPECIALIZED EXPERIENCE:

At least five (5) years of progressively responsible work experience information technology with responsibilities in the software development process (i.e., requirements analysis, software design, implementation, testing, integration, deployment/installation, and maintenance) and software programming.

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

REQUIRED LICENCES, CERTIFICATES, ETC.

N/A

HOW TO APPLY

Submit to the address below: 1) Application, 2) Resume, 3) Transcripts (copies of official transcripts are acceptable; however, original official transcripts will be required at the time of hire. On-line transcripts or academic record/grade summaries will NOT be accepted. Diplomas and copies will NOT be accepted), 4) a brief one-page statement outlining how you meet the minimum and desirable qualifications, and 5) three letters of recommendation (optional).

All requested documents/information become the property of the Department of Taxation. No electronic transmission will be accepted. Failure to submit all required documents shall deem an application to be incomplete and will not be considered.

Send required documents to:

Mail:

Department of Taxation
Human Resources Office
P.O. Box 259
Honolulu, HI 96809

In-Person:

Department of Taxation
Human Resources Office
830 Punchbowl St. Room 217
Honolulu, HI 96813

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.

QUALITY OF EXPERIENCE:

Possession of the required numbers 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.

AN EQUAL OPPORTUNITY EMPLOYER

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

**STATE OF HAWAI'I APPLICATION
FOR NON-CIVIL SERVICE APPOINTMENT**

DEPARTMENT OF TAXATION

Personnel Office

P.O. Box 259, Honolulu, Hawaii 96809-0259



**FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL STAFF
TO SELECT CATEGORY.**

- Exempt TAOL
- 89 Day _____

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: 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.
- This application form is to be used for non-civil service appointments.
- 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. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

Last First Middle

OTHER NAMES
USED OR FORMER

4. LAST NAME: _____

MAILING

5. ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

E-MAIL

6. ADDRESS: _____

PHONE

7. NUMBER: _____
Home Other

8. 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.

9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if 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 the department head or designee at any time.

CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. 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 NON-CIVIL SERVICE APPOINTMENT

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
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

Exempt TAOL
 89 Day _____

1. POSITION TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

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.

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. EXPERIENCE: Please type or print legibly in 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.

Do not submit a resume in place of completing this page.

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: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> To: _____ <small style="margin-left: 100px;">Month</small> <small style="margin-left: 100px;">Year</small> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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