

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

Opening Date: October 25, 2021

Closing Date: December 31, 2021

**ADMINISTRATIVE RULES SPECIALIST**

**Recruitment Number TAX-2021-06**

**Oahu District**

**Temporary, Full Time Exempt Position**

(Continuation of position dependent on extension of program needs and availability of funds)

**Salary: Negotiable based on experience**

**JOB SUMMARY:**

The purpose of this position is to assure that the administrator of Hawaii's tax laws and policies is set forth in systematic and orderly manner.

Duties Include (but not limited to):

- Reviews complex provisions of other tax laws and recommends revisions and changes to Hawaii's tax laws, rules, and policies; Reviews complex Hawaii tax legislative proposals and prepares written testimonies on these proposals
- Acts as the Director, Deputy Director, or Rules Officer's representative on various complex policy committees within the Department; in complex policy meetings with legislators and their staff, other State and County agencies, the public; and in complex multi-state and Federal-State meetings.
- Researches and analyzes a complex statute's language, legislative history of the statute, complex court cases, and other tax materials; and reviews and develops complex tax interpretations, including rules, rulings, tax memoranda, tax information releases, administrative directives, and tax announcements for departmental and taxpayer use.

**MINIMUM QUALIFICATION REQUIREMENTS:**

**EDUCATION:**

Graduation from an accredited four (4) year college or university with a bachelor's degree and a master's degree in Accounting or a Juris Doctor degree from an accredited law school.

**KNOWLEDGE, SKILLS AND ABILITIES:**

Knowledge of: Principles and practices of both private and tax accounting, as well as auditing; laws, rules and administrative interpretations concerning Hawaii taxes and related taxes and procedures and methods of their enforcement; principles, practices, and scope of tax administration; Attorney General opinions; State and Federal case laws; and fundamental principles of tax administration.

Ability to: Conducts studies and makes sound decisions, conclusions, and recommendations; understands, explains and interprets complex Hawaii tax laws, rules, regulations, case laws, legal opinions, rulings, and the like; prepares clear and concise written reports, correspondences, testimonies, etc.; plans, organizes, schedules, coordinates, and implements meetings, hearings, studies, and forums, as well as conducting them in the absence of the Rules Officer; comprehends the development and revision of complex Hawaii tax forms and returns; discusses and explains complex tax positions taken by the Department with taxpayers and their representatives; prepares reports; performs public speaking engagements; prepares lesson plans and teaching aids, as well as instructs groups of ten or more individuals; and testifies at public hearings held by a legislative body.

## **EXPERIENCE:**

Three (3) years of work experience in one or a combination of 1 or 2 below. Such experience must have provided a good working knowledge of Federal and Hawaii tax laws, rules and regulations, and accounting or auditing principles, procedures, practices, techniques, and their applications to various tax issues.

1. Authoritative experience which involved, as a major activity, substantive involvement in reviewing, analyzing, and interpreting and applying tax laws, rules and regulations, legal opinions, court decisions, and other pertinent document to resolve and advise on complex tax issues.
2. Responsible professional work experience as a certified public accountant, public accountant, or attorney dealing with tax matters on a regular basis which includes researching Federal and Hawaii tax laws, rules, legal opinions, court decisions, and other relevant authorities, analyzing facts and data, providing advice on the tax ramifications.

## **WORKING CONDITIONS:**

May be required to work beyond normal work hours on business days and on weekends/holidays during the Legislative Session and at other times as directed by the Administrative Rules Officer.

## **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 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.

## **AN EQUAL OPPORTUNITY EMPLOYER**

If you need a reasonable accommodation to participate in the application process, please call the Personnel 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.



# 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 HAWAI'I 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.

<b>Your Present or Last Position</b>	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ 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 _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ 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 _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ 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 _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	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 _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ 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	