

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

Opening Date: April 26, 2021

Closing Date: Continuous

SPECIAL ENFORCEMENT SECTION (SES) INVESTIGATOR
Recruitment Number TAX 2021-04
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 DUTIES:

Under the general supervision of the Special Enforcement Section Supervisor, the position performs investigative activities in the detection of laws, rules, and regulations covered under Title 14, Taxation specifically under Section 231, and under the jurisdiction of the Department of Taxation; gathers information and prepares written reports. The position may conduct investigations including covert means. The position performs various activities to enforce the laws and performs other related duties as assigned to bring individuals and entities into tax compliance.

This position may serve process and apply for and execute search warrants of writs of entry but shall not otherwise have the powers of a police officer or deputy sheriff.

MINIMUM QUALIFICATION REQUIREMENTS:

EDUCATION:

Graduated from accredited college or university with fifteen (15) credit hours in accounting.

KNOWLEDGE, SKILLS AND ABILITIES:

General Investigative/Financial Accounting Experience: Minimum of one (1) year of general investigation and/or financial accounting experience to include identifying sources of information; gathering and reviewing evidence; conducting interviews; writing clear and comprehensive reports; reading and interpreting complex written material; interpreting and applying statutes and rules; and dealing with the public.

Specialized Experience: Two (2) years of tax investigation experience which demonstrated the ability to identify and evaluate matters, individuals, and businesses that show high likelihood of tax non-compliance warranting possible investigation; obtain and review documentary evidence; analyze and interpret accounting books, records, tax returns and tax information; obtain information and evidence surreptitiously; conduct interviews and obtain statements of relevant information; collect, organize and analyze facts and other evidence to arrive at logical conclusions; protect integrity of evidence and demonstrate knowledge or rules of evidence, and search and seizure.

Substitution for Specialized Experience:

Substitution for Specialized Experience; Possession of a law degree from a recognized law school may be substituted for two (2) years of specialized experience.

OTHER REQUIREMENTS:

Incumbents are required to travel (inter/out of state) to conduct investigations, attend training and perform

other functions.

Employee's duties may require work at night/weekends/holidays, or at other irregular hours to satisfactorily conclude investigative cases or to complete special projects, frequently without advance notice of the extraordinary work requirement.

REQUIRED LICENSES, CERTIFICATES, ETC.

Employee is required to have a valid State of Hawaii Driver's License. Certified Fraud Examiner is desirable.

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.

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.

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 | |
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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.

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| Your Present or Last Position | 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 | |