

08/05

APPLICATION FOR HAWAII COUNTY BOARDS AND COMMISSIONS

Our goal, in addition to meeting State and County regulations regarding the composition of a particular board or commission, is to select members who bring a variety of skills and life experiences to these agencies. The answers to the following questions can assist us in these efforts.

NAME _____ DATE _____
Last First Middle

RESIDENCE ADDRESS _____
City State Zip

MAILING ADDRESS _____
City State Zip

PHONE _____
Home Business Cell Fax

E-MAIL _____

U.S. CITIZEN Yes No HAWAII COUNTY VOTER Yes No COUNCIL DISTRICT _____
(Call 961-8277 if not sure)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ LENGTH OF RESIDENCE IN HAWAII _____

MARRIED Yes No NAME OF SPOUSE _____

EDUCATION _____

EMPLOYMENT RECORD (Past ten years)

FROM (Year)	TO (Year)	EMPLOYER	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently serving on any federal, state or county board or commission? Yes No

If yes, name the entity and date your term ends: _____

List by preference the board or commission you wish to serve on:

- 1. _____ 3. _____
- 2. _____ 4. _____

Briefly explain your interest in being a member of a particular board or commission.

Are you currently an official and/or card carrying member of any of the following political parties?

- Democrat Republican Green Libertarian None

COMMUNITY SERVICE (Organizations; offices held; indicate past or present):

- 1. _____ 3. _____
- 2. _____ 4. _____

MILITARY SERVICE RECORD

Applicable laws require the pre-disclosure of any existing or potential conflicts of interest. Should you have any such conflicts of interests which may be questioned, please describe them below:

Some of the boards and commissions require the filing of a Financial Disclosure Statement. If required, would you comply? Yes No

Have you ever been convicted of a violation of law? Yes No

If yes, explain. NOTE: A conviction record will not be deemed a basis of denial for consideration, unless the offense is related to the board or commission for which you have applied.

PERSONAL REFERENCES

- 1. _____
- 2. _____

I hereby acknowledge and attest that the foregoing information provided by me is true and correct to the best of my information and belief. I hereby waive any and all right to privacy and authorize the Office of the Mayor and its employees, agents and assigns to investigate and obtain information concerning my fitness and/or ability to serve as an appointee of the County of Hawaii. I herein waive any and all claims against the County of Hawaii, its officers, employees, agents and assigns, and any person and/or entity furnishing information, for liability and/or damages as a result of the dissemination and obtaining of this information.

SIGNED BY _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL AND IS SOLELY INTENDED FOR USE BY THE MAYOR'S OFFICE IN MATTERS PERTAINING TO BOARDS AND COMMISSIONS. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE OF INFORMATION AT 961-8223.

PLEASE RETURN COMPLETED FORM TO:

**MAYOR'S OFFICE, COUNTY OF HAWAII
25 AUPUNI STREET, #217
HILO, HI 96720**