



APPLICATION FOR HAWAI'I COUNTY BOARDS AND COMMISSIONS

Our goal is not only to comply with State and County regulations concerning board and commission composition but also to select members who contribute a diverse range of skills and life experiences. The answers to the following questions will help us achieve this objective.

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 _____ *Last 4 SOCIAL SECURITY NO. _____ LENGTH OF RESIDENCE IN HAWAII _____

MARRIED Yes No NAME OF SPOUSE _____

EDUCATION _____

EMPLOYMENT RECORD (Past 10 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:

- _____
- _____
- _____
- _____

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

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

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

MILITARY SERVICE RECORD

Applicable laws require the disclosure of any existing or potential conflicts of interest. If you have any conflicts of interest that may raise concerns, 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 the 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 information I have provided is true and accurate to the best of my knowledge and belief. I waive any right to privacy and authorize the Office of the Mayor, along with its employees, agents, and assigns, to investigate and obtain information regarding my suitability to serve as an appointee of the County of Hawai'i. I also waive any claims against the County of Hawai'i, its officers, employees, agents, assigns, and any person or entity providing information, for any liability or damages arising from the dissemination or acquisition of this information.

SIGNED BY _____

The information provided in this application is confidential and intended exclusively for use by the Mayor's Office in matters related to boards and commissions. For any questions, please contact malameda@hawaiicounty.gov or call 808-961-8211.

PLEASE RETURN THE COMPLETED FORM TO:

ATTN: BOARDS AND COMMISSIONS
OFFICE OF THE MAYOR, COUNTY OF HAWAII
25 AUPUNI STREET, Suite 2603
HILO, HI 96720

Or Fax the Form to:
808-961-6553

*This information is requested for the purpose of conducting a criminal history check only.