MICHAEL P. VICTORINO
Mayor

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Prosecuting Attorney

ROBERT D. RIVERA
First Deputy Prosecuting Attorney

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WAIVER FOR EMPLOYMENT APPLICATION

I certify that I have read and understood the questions on this job application form and that the answers given by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions and misrepresentations on this application form, or provided by me in the hiring process, may result in the rejection of my application or, if discovered after I am hired, may result in discharge. I authorize the Department of the Prosecuting Attorney, County of Maui, or any of its agents, including any consumer reporting agency, to verify any of the information I have provided on this form. I authorize any former employers, persons, schools, companies and law enforcement authorities to provide any information concerning my background, and I release the Department of the Prosecuting Attorney, County of Maui, and former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for asking for or providing any information about me. I also provide the following information concerning aliases for myself that pertain to the foregoing background checks:_____
_____
_____

I understand that this application form or any statements made to me, written or oral, are not an express or implied contract of continuing employment. I understand that if I am hired, I have no specific term of employment and will be employed at the will of the Prosecuting Attorney, County of Maui, and that either the Prosecuting Attorney or I may terminate the employment relationship at any time, with or without notice or reason.

FULL NAME: _____
(Type/Print) (Signature)

ANY FORMER NAME(S): _____

CURRENT RESIDENCE ADDRESS: _____

CURRENT MAILING ADDRESS: _____

TELEPHONE NUMBER: (Residence) _____ (Business) _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

BAR MEMBERSHIP(S) List by States and Registration No(s), and Date of Licensing:
_____ _____ _____

TODAY DATE: _____