

County of Hawai'i
Department of Human Resources

SUPPLEMENT TO APPLICATION FORM FOR INVESTIGATOR III

APPLICANT'S NAME _____
(Please print or type)

INSTRUCTIONS: Complete this supplement and submit it with your application. Failure to submit a completed supplement with your application may result in your application being rejected.

Investigators are required to be qualified to use, carry, and have access to firearms. A recent amendment to the Federal Gun Control Act (Title 18, United States Code, Section 922(g)(9)) makes it illegal for anyone who has been convicted of a misdemeanor or felony crime of domestic violence to carry and/or possess any firearm or ammunition.

A crime of domestic violence is any offense which involved the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with whom the victim shares a child in common, by a person living or who has lived with the victim as a spouse, parent, or guardian, or by a person who has or had a similar relationship to the victim.

This amendment to the law applies to persons convicted at any time before or after the law was passed. There are no exemptions for law enforcement officers or other government employees. All government jurisdictions must comply with this law. As convictions of domestic violence would preclude Investigators from carrying firearms and ammunition, we ask that you answer the questions below.

Have you ever been convicted of a felony or misdemeanor crime of domestic violence?

Yes ____ No ____

(Note: In answering the above question, you do not need to report convictions which were expunged or set aside, or for which you were formally pardoned, unless the pardon, expungement, or restoration of civil rights expressly provided that you may not ship, transport, possess, or receive firearms.)

If you answered YES to the above question, answer the following questions. These questions should be answered for each separate conviction. A separate sheet may be attached.

- a. Were you represented by an attorney in this case? Yes ____ No ____
- b. Did you knowingly and intelligently waive the right to representation by an attorney? Yes ____ No ____
- c. Were you entitled to a jury trial? Yes ____ No ____
- d. Did you have a jury trial? Yes ____ No ____

(over)

- e. Did you knowingly waive the right to have your case tried by a jury by pleading guilty or otherwise? Yes___ No___

- f. Explain the nature of your conviction(s):

- g. Provide the date(s) and place(s) of conviction(s):

- h. Sentence(s) imposed:

- i. Any other comments:

CERTIFICATION OF APPLICANT

I hereby certify that all statements in this form and any addenda that I may have attached are true and correct to the best of my knowledge, and I understand that any misstatements of material facts herein may result in my termination and/or forfeiture of all rights to employment in the service of the County of Hawai'i.

I further give my consent and authorize any representative of the Department of Human Resources and/or the Office of the Prosecuting Attorney to obtain information needed to verify any statements in the form. I further authorize the release of all criminal and military history, records, and information to the Department of Human Resources.

Date

Signature

