Department of Health Employment Opportunity

Rev. 4/23/12

Human Resources Office – Recruitment & Examination ♦ 1250 Punchbowl Street, Room 122 ♦ Honolulu, Hawaii 96813

OPENING DATE: April 23, 2012 LAST DAY TO FILE APPLICATIONS: Continuous Until Needs Are Met

PUBLIC HEALTH NUTRITIONIST II - IV

$3,124 (SR-18) - $3,652 (SR-22) per month
(subject to pay reductions as negotiated in collective bargaining)

Recruitment No. 12X002

Island of Maui
(immediate vacancy located in Wailuku/Kahului)

◆ JOB DUTIES

The primary purpose of this position is to plan, direct, monitor, evaluate, administer and supervise clinic operations in accordance with established Federal and State rules and regulations within an assigned geographic area. This position is responsible for the supervision and training of Public Health Nutritionists, Nutrition Assistants and Aides and Office Assistants.

◆ MINIMUM QUALIFICATION REQUIREMENTS

To qualify, you must meet **all** of the following requirements. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. In addition, qualifying work experience is credited based on a 40-hour workweek.

1. Education Requirement:

   For level II: A bachelor's degree with a major in food and nutritional science, community nutrition or clinical and community dietetics, from an accredited college or university in a curriculum including field work or internship which would render the graduate eligible to take the American Dietetic Association registration examination.

   For level III & IV: A master's degree from an accredited college or university with a major in public health nutrition, or in applied human nutrition with course work in public or community health (biostatistics, epidemiology, health administration and health planning), and eligibility for registration by the Commission on Dietetic Registration of the American Dietetic Association.

2. Specialized Experience Requirement:

   For level II & III: None.

   For level IV: Must have had one (1) year of Specialized Experience described as progressively responsible professional nutrition experience in a public health program, agency, or setting which involved: 1) assessing needs, planning and evaluating nutrition services, educating the public in the promotion of positive health through good nutrition, prevention of chronic disease and rehabilitation of the sick, individually or in groups, conducting in-service education or workshops for professionals and para-professionals; or 2) working as a nutrition consultant to other professionally trained individuals such as physicians, nurses, social workers and teachers.

3. Substitutions in Lieu of Education: The education requirement for Public Health Nutritionist III & IV will be deemed to have been met by an applicant possessing a bachelor's degree with a major in food and nutritional science, community nutrition, or clinical and community dietetics, from an accredited college or university in a curriculum including field work or internship which would render the graduate eligible to take the American Dietetic Association registration examination; and an additional one and one-half (1-½) years of Specialized Experience as described above.

(See Information on Back)
An Equal Opportunity Employer

HOW TO FILE:

Submit applications and all required documentation in person or by postal mail to:

Department of Health
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, Hawaii 96813

File applications immediately. Mailed applications and supplemental materials must be postmarked by midnight of the last day to file applications. For continuous recruitments, the last day to file applications will be posted in our office.

REQUIRED FORMS AND DOCUMENTATION: You must submit the following forms and documentation together with your application or your application may be rejected:

1. Evidence of the appropriate training (official transcript or diploma to verify coursework or major) to be given credit for education. A legible photocopy will be accepted; however, the Department of Health reserves the right to request an official copy of your transcript.
2. Copy of any license or registration required to qualify you for the position.

QUALITY OF EXPERIENCE: Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate your average number of hours worked per week.

We will not withhold the referral of names of eligibles for employment consideration because of your failure to provide accurate and complete information concerning your qualifications.

MERIT CIVIL SERVICE SYSTEM: You must meet the minimum qualification requirements of the position being sought, including all education, experience, and other public employment requirements for State Civil Service employment.

The names of applicants will be referred based on their examination grade and availability for employment. The employing agency may select any one of the eligibles referred. The names of those not selected will be kept on an eligible list for no less than the period indicated on the eligible's notice of examination results.

CITIZENSHIP REQUIREMENT: You must be a citizen, permanent resident alien, or national of the United States; however, if you are a non-citizen with unrestricted employment authorization from the U.S. Immigration & Naturalization Service, you may also apply.

RESIDENCE REQUIREMENT: Effective July 1, 2007, persons who are non-residents of the State of Hawaii will have thirty (30) days from the date they begin their State employment to become Hawaii residents. While an employee of the State of Hawaii, they must maintain their Hawaii residency.

VETERANS' PREFERENCE: If you are claiming 5 Veterans' Preference Points, submit a copy of the DD214 (Member 4) verifying dates of honorable service. If you are claiming 10 Points, submit a copy of an official statement/letter from the Department of Veterans Affairs or armed services dated within the past 12 months which confirms your qualification to receive 10 points preference.

PHYSICAL/MEDICAL REQUIREMENTS: Applicants must be able to perform the essential duties and responsibilities of the position effectively and safely. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The State of Hawaii is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodations should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT: Offers of employment are conditional upon the results of a complete physical examination. For certain job categories, applicants may be referred to a State-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations shall be borne by the applicant and not the State of Hawaii.

CRIMINAL HISTORY RECORD CHECK: Individuals who are recommended for hire are required to undergo a criminal history record clearance and other checks, as applicable.

EXAMINATION: The examination for this recruitment will be conducted on an unassembled basis where the examination score is based on an evaluation and rating of your education and experience. It is therefore important that your employment application provide a clear and detailed description of the duties and responsibilities of each position you held. If you are required to report for a written, oral and/or performance test, you will be notified at a later date of the time and place of the examination.

If you must take an examination but require special accommodation, please call the Recruitment and Examination office at 586-4514 as soon as possible. We will design a fair and effective way in which you can demonstrate your ability to perform the essential functions of this job. You should be prepared to provide medical proof of your need for accommodation by a professional who is qualified to make a diagnosis.

NOTIFICATION: You will be notified, in writing, of your employment eligibility.

ADMINISTRATIVE REVIEW AND APPEAL:

Administrative Review: If you do not agree with the action taken on your application, you must first request an administrative review with the Department of Health. Requests must be made, in writing, to the Department of Health at the address listed above, and received or postmarked within 7 working days following the date of our notice. Requests must include 1) the job title(s), recruitment number(s), and the specific reason(s) you are requesting the review, and 2) any additional information you want to submit to substantiate your request. If you do not submit your request within the seven day limit, no administrative review will be conducted.

Appeal: If you do not agree with the action resulting from the administrative review, you may appeal to the Merit Appeals Board within 20 days following the date of our notice. Further information on filing an appeal is available at http://hawaii.gov/hrd/main/ecd/mab.

An administrative review, or in some cases an internal complaint, must have been completed before an appeal may be requested. (If an internal complaint is required prior to an appeal, you will be notified following completion of the administrative review.)

A change in rating will not affect the employment consideration of referred applicants or an applicant's appointment.

EMPLOYMENT INTERVIEW: Please take a copy of your State application and/or resume to employment interviews. We suggest you make a copy of your application before turning in the original.

STATE OF HAWAI'I
APPLICATION FOR CIVIL SERVICE POSITIONS
DEPARTMENT OF HEALTH

Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122, Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in blue or black ink.
The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS.
The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

☐ I acknowledge I have read and understood the above information.

2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

Note: Veteran's Preference is only applicable for open-competitive recruitments.

If you are claiming Veteran's Preference, please scan and attach a copy of your DD-214 form and/or official statement from the Veterans Administration or armed forces to your application.

☐ None

☐ I am claiming 5 Veteran's Preference points and will submit a copy of my DD-214.

☐ I am claiming 10 Veteran's Preference points and will submit a copy of my DD-214 and/or official statement from the Veterans Administration (VA), as applicable.

If you are claiming U.S. Military Service, please complete the following:
A. Date Entered Service: _____
B. Date Separated From Service: _____

3. PHN II-IV
POSITION TITLE APPLYING FOR

4. 12X002
RECRUITMENT NUMBER

5. NAME: _____
Last First Middle

6. OTHER NAMES USED OR FORMER LAST NAME: _____

7. MAILING ADDRESS: _____
P.O. Box or Number and Street

_____
City State Zip Code

8. PHONE NUMBER: _____
Home Other

9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

_____ _____
Date Original Signature of Applicant

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 HEALTH
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER APPLYING FOR: _____

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. 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

DO NOT WRITE IN THIS SPACE

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.

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	

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.

_____

_____

_____

_____

STATE OF HAWAI'I DEPARTMENT OF HEALTH
Application For Civil Service Positions
EDUCATION AND EMPLOYMENT HISTORY

10. EXPERIENCE: Please type or print legibly in blue or black 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.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Do you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Starting Salary $_____ Per _____
Ending Salary $_____ Per _____
Reason(s) for leaving _____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Starting Salary $_____ Per _____
Ending Salary $_____ Per _____
Reason(s) for leaving _____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Starting Salary $_____ Per _____
Ending Salary $_____ Per _____
Reason(s) for leaving _____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Employer _____
Address _____
_____
Supervisor's Name and Title _____
Company Phone Number _____
Company URL Internet Address _____
Your Position Title and Duties _____
_____
_____
_____
Did you supervise? ☐ Yes ☐ No *If yes,* how many employees?_____

From: _____ (Month / Year)
To: _____ (Month / Year)
☐ Full Time ☐ Part Time ☐ Volunteer
Average hours worked per week _____
Starting Salary $_____ Per _____
Ending Salary $_____ Per _____
Reason(s) for leaving _____
_____
_____
May we contact this employer? ☐ Yes ☐ No

Name _____
Recruitment Number _____
Position Number _____

PUBLIC HEALTH NUTRITIONIST II (SR-18)
Supplemental Questionnaire

*1. **REQUIRED SUPPLEMENTAL QUESTIONS**

The information provided on this supplemental questionnaire form will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected. PLEASE DO NOT SUBMIT A RESUME IN PLACE OF COMPLETING THIS SUPPLEMENTAL QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE ACCEPTED. In general, proof of education obtained from and/or submitted through the internet will not be accepted. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript. Any information you submit may be verified. **Supporting documents must be submitted at the time of the filing of your application.**

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification on agency letterhead. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number. To receive credit for temporary assignment, you must submit your **approved** Form 10 (**approved** by your supervisor and the Human Resources Officer) to our office at the filing of your application.

When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections of my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for the job. I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected. I also understand that I may not submit resumes in lieu of filling out the application or Supplemental Questionnaire; however, I may attach it to the application to provide additional information.

❑ I acknowledge I have read and understand the above information

_____ _____
SIGNATURE DATE

*2. **DRIVER'S LICENSE**
Do you have a valid driver's license? If YES, you **MUST submit a legible copy of your DRIVER'S LICENSE** as verification.

○ Yes
○ No

*3. **EDUCATION**
Do you possess a Bachelor's degree from an accredited institution with a **major** in food and nutritional science, community nutrition, or clinical and community dietetics, including **field work or a dietetic internship** that would render you eligible to take the American Dietetic Association Registered Dietitian examination?

If yes, you must submit a copy of your official transcripts at the time of the filing of your application. Copies will not be returned.

○ Yes
○ No

PUBLIC HEALTH NUTRITIONIST II (SR-18)
Supplemental Questionnaire cont'd

*4. **AMERICAN DIETETIC ASSOCIATION REGISTRATION STATUS**
Are you: 1) Registration Eligible under the standards of the Commission on Dietetic Registration of the American Dietetic Association; or 2) A Registered Dietitian as recognized by the American Dietetic Association?

You MUST submit appropriate documentation (i.e., a statement from your academic institution or the American Dietetic Association, or a copy of your current Registered Dietitian certificate) at the time of the filing of the application. Copies will not be returned.

- ○ Yes
- ○ No

5. **ADDITIONAL INFORMATION**
Provide any other information related to this position that you would like us to consider.

*6. **SUPPORTING DOCUMENTS**
Your supporting documents (transcripts, driver's license, etc.), as described in the job posting, must be submitted at the time of the filing of your application.

* Required Question

Mail or hand-carry your Application, Supplemental Questionnaire and Supporting Documents to:

Department of Health
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, HI 96813

Name _____
Recruitment Number _____
Position Number _____

PUBLIC HEALTH NUTRITIONIST III (SR-20)
Supplemental Questionnaire

*1. **REQUIRED SUPPLEMENTAL QUESTIONS**

The information provided on this supplemental questionnaire form will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected. PLEASE DO NOT SUBMIT A RESUME IN PLACE OF COMPLETING THIS SUPPLEMENTAL QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE ACCEPTED. In general, proof of education obtained from and/or submitted through the internet will not be accepted. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript. Any information you submit may be verified. **Supporting documents must be submitted at the time of the filing of your application.**

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification on agency letterhead. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number. To receive credit for temporary assignment, you must submit your **approved** Form 10 (**approved** by your supervisor and the Human Resources Officer) to our office at the filing of your application.

When applying for this position, I understand that I must thoroughly complete the “Education” and “Work Experience” sections of my application and the “Supplemental Questionnaire.” This includes a detailed description of each position that I feel qualifies me for the job. I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected. I also understand that I may not submit resumes in lieu of filling out the application or Supplemental Questionnaire; however, I may attach it to the application to provide additional information.

☐ I acknowledge I have read and understand the above information

_____ _____
SIGNATURE DATE

*2. **DRIVER'S LICENSE**
Do you have a valid driver's license? If YES, you **MUST submit a legible copy of your DRIVER'S LICENSE** as verification.

○ Yes
○ No

PUBLIC HEALTH NUTRITIONIST III (SR-20)
Supplemental Questionnaire cont'd

*3. **EDUCATION**
Do you fall into one of the following?

A. I possess a Bachelor's degree with a major in food and nutritional science, community nutrition, or clinical and community dietetics from an accredited university including field work or a dietetic internship that renders me eligible to take the American Dietetic Association Registered Dietitian examination **AND** at least one and one-half years of professional public health nutrition experience; OR

B. I possess a Master's degree from an accredited university with a major in public health nutrition, or in applied human nutrition with coursework in public or community health (**biostatistics, epidemiology, health administration AND health planning**) and am eligible for registration by the Commission on Dietetic Registration of the American Dietetic Association; OR

If "Yes," you MUST submit a copy of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned. If you are seeking to meet the Education Requirement under option A, be sure to address your relevant work experience in your application and complete supplemental question number 6.

- Yes
- No

*4. **AMERICAN DIETETIC ASSOCIATION REGISTRATION STATUS**
Are you:

A. Registration Eligible under the standards of the Commission on Dietetic Registration of the American Dietetic Association with an appropriate Bachelor's or Master's degree;

B. a Registered Dietitian as recognized by the American Dietetic Association?

You MUST submit appropriate documentation (i.e., a statement from your academic institution or the American Dietetic Association, or a copy of your current Registered Dietitian certificate) at the time of the filing of the application. Copies will not be returned.

- Yes
- No

*5. **EXPERIENCE**
COMPLETE THIS QUESTION IF YOU ARE SEEKING TO MEET THE EDUCATION REQUIREMENT THROUGH POSSESSION OF A BACHELOR'S DEGREE AND RELEVANT NUTRITION EXPERIENCE OR IF YOU HAVE WORK EXPERIENCE YOU WISH US TO CONSIDER.

If you possess professional nutrition experience in a public health program, agency or setting, use this space to provide information about your relevant work experience. As appropriate, this information will help to determine if you meet the minimum requirements.

For EACH position listed in the experience portion of your application where you wish to receive credit, give the following:

A. Name of employer

B. Your job title

C. The dates you held this title (from and to, MONTH and year), and the average number of hours you worked per week.

PUBLIC HEALTH NUTRITIONIST III (SR-20)
Supplemental Questionnaire cont'd

D. A brief description of the agency, program or setting where you gained professional public health nutrition experience. What was the mission of your program as it related to public health? What segments of the community did your program target?

E. A DETAILED description of your duties and responsibilities for this employer and position:

1. Give examples of how you used your knowledge of **public health** to organize, coordinate and evaluate nutrition services in the community.

2. How were you involved in providing nutrition education?

3. In what ways did you gain knowledge of community groups and organizations that are resources in public health nutrition?

TREAT EACH EMPLOYER OR CHANGE IN POSITION SEPARATELY. BE SURE TO CLEARLY LABEL EACH RESPONSE.

6. **ADDITIONAL INFORMATION**
Provide any other information related to this position that you would like us to consider.

*7. **SUPPORTING DOCUMENTS**
Your supporting documents (transcripts, driver's license, etc.), as described in the job posting, must be submitted at the time of the filing of your application.

* Required Question

Mail or hand-carry your Application, Supplemental Questionnaire and Supporting Documents to:

Department of Health
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, HI 96813

Name _____
Recruitment Number _____
Position Number _____

PUBLIC HEALTH NUTRITIONIST IV (SR-22)
Supplemental Questionnaire

*1. **REQUIRED SUPPLEMENTAL QUESTIONS**

The information provided on this supplemental questionnaire form will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected. PLEASE DO NOT SUBMIT A RESUME IN PLACE OF COMPLETING THIS SUPPLEMENTAL QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE ACCEPTED. In general, proof of education obtained from and/or submitted through the internet will not be accepted. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript. Any information you submit may be verified. **Supporting documents must be submitted at the time of the filing of your application.**

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☐ I acknowledge I have read and understand the above information

_____ _____
SIGNATURE DATE

*2. **DRIVER'S LICENSE**
Do you have a valid driver's license? If YES, you **MUST submit a legible copy of your DRIVER'S LICENSE** as verification.

○ Yes
○ No

PUBLIC HEALTH NUTRITIONIST IV (SR-22)
Supplemental Questionnaire cont'd

*3. **EDUCATION**
Do you fall into one of the following?

A. I possess a Bachelor's degree with a major in food and nutritional science, community nutrition, or clinical and community dietetics from an accredited university including field work or a dietetic internship that renders me eligible to take the American Dietetic Association Registered Dietitian examination **AND** at least one and one-half years of professional public health nutrition experience; OR

B. I possess a Master's degree from an accredited university with a major in public health nutrition, or in applied human nutrition with coursework in public or community health (**biostatistics, epidemiology, health administration AND health planning**) and am eligible for registration by the Commission on Dietetic Registration of the American Dietetic Association; OR

If "Yes," you MUST submit a copy of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned. If you are seeking to meet the Education Requirement under option A, be sure to address your relevant work experience in your application and complete supplemental question number 6.

- Yes
- No

*4. **AMERICAN DIETETIC ASSOCIATION REGISTRATION STATUS**
Are you:

A. Registration Eligible under the standards of the Commission on Dietetic Registration of the American Dietetic Association with an appropriate Bachelor's or Master's degree;

B. a Registered Dietitian as recognized by the American Dietetic Association?

You MUST submit appropriate documentation (i.e., a statement from your academic institution or the American Dietetic Association, or a copy of your current Registered Dietitian certificate) at the time of the filing of the application. Copies will not be returned.

- Yes
- No

*5. **SPECIALIZED EXPERIENCE**
If you possess professional nutrition experience in a public health program, agency or setting, use this space to provide information about your relevant work experience. As appropriate, this information will help to determine if you meet the minimum requirements.

For EACH position listed in the experience portion of your application where you wish to receive credit, give the following:

A. Name of employer

B. Your job title

C. The dates you held this title (from and to, MONTH and year), and the average number of hours you worked per week.

D. A brief description of the agency, program or setting where you gained professional public health nutrition experience. What was the mission of your program as it related to public health? What segments of the community did your program target?

PUBLIC HEALTH NUTRITIONIST IV (SR-22)
Supplemental Questionnaire cont'd

E. A DETAILED description of your duties and responsibilities for this employer and position:

1. Give examples of how you used your knowledge of **public health** to organize, coordinate and evaluate nutrition services in the community.

2. How were you involved in providing nutrition education?

3. In what ways did you gain knowledge of community groups and organizations that are resources in public health nutrition?

TREAT EACH EMPLOYER OR CHANGE IN POSITION SEPARATELY. BE SURE TO CLEARLY LABEL EACH RESPONSE.

6. **ADDITIONAL INFORMATION**
Provide any other information related to this position that you would like us to consider.

*7. **SUPPORTING DOCUMENTS**
Your supporting documents (transcripts, driver's license, etc.), as described in the job posting, must be submitted at the time of the filing of your application.

* Required Question

Mail or hand-carry your Application, Supplemental Questionnaire and Supporting Documents to:

Department of Health
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, HI 96813

EMPLOYMENT AVAILABILITY INFORMATION

State of Hawaii, Department of Health, Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122, Honolulu, Hawaii 96813

CONFIDENTIAL
390 (DOH Ext), rev. 7/10

1. Name: _____
Last First M.I.

2. Social Security Number: XXX-XX-__ __ __ __

		DOH Use Only				
3. Recruitment No.	Job Title	Acc	Rej	Code(s)	VP	Date

4. I will consider jobs in the locations checked below:

OAHU
- ☐ **Ewa** *(Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)*
- ☐ **Waipahu** to **Aiea** *(Includes Waikele, Waipio, Pearl City)*
- ☐ **Halawa** to **Kalihi** *(Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)*
- ☐ **Downtown** *(Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)*
- ☐ **Manoa** to **Kahala** *(Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waialae to Wailupe)*
- ☐ **Aina Haina** to **Hawaii Kai**
- ☐ **Waimanalo** to **Kailua**
- ☐ **Kaneohe** to **Kualoa** *(Includes Kahaluu, Waiahole, Waikane)*
- ☐ **Kaaawa** to **Kahuku** *Includes Punaluu, Hauula, Laie, Kahuku)*
- ☐ **North Shore** *(Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)*
- ☐ **Wahiawa/ Kunia/ Mililani**
- ☐ **Waianae Coast** (*Includes Maili, Nanakuli, Waianae, Makaha*)

HAWAII
- ☐ **Hilo** *(Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)*
- ☐ **Honokaa / Hamakua** *(Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele)*
- ☐ **Kamuela / Kohala / Waikoloa** *(Includes Halaula, Papaau, Hawi, Kawaihae)*
- ☐ **Kona** *(Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau)*
- ☐ **Ka'u** *(Includes Ocean View, Naalehu, Pahala)*
- ☐ **Puna** *(Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)*

MAUI
- ☐ **Wailuku/ Kahului** *(Includes Puunene, Paukukalo, Waiehu, Waihee)*
- ☐ **Lahaina**
- ☐ **Maalea/ Kihei/ Wailea**
- ☐ **Hana**
- ☐ **Makawao** *(Includes Pukalani, Paia, Haiku, Haliimaile)*
- ☐ **Kula**

KAUAI
- ☐ **Lihue** *(Includes Hanamaulu)*
- ☐ **Kapaa** *(Includes Wailua, Kealia, Anahola)*
- ☐ **Hanalei** *(Includes Kilauea, Princeville, Haena)*
- ☐ **Waimea** *(Includes Kokee, Kekaha, Kaumakani, Hanapepe, Eleele, Port Allen, Kalaheo)*
- ☐ **Koloa** *(Includes Lawai, Omao)*

LANAI
- ☐ **Lanai City**

MOLOKAI
- ☐ **Kaunakakai** *(Includes Maunaloa, Hoolehua, Kualapuu)*
- ☐ **Kalaupapa**

5. I will accept a job which is: ☐ Permanent ☐ Temporary ☐ Full-time ☐ Part-time ☐ At a lower rate of pay

6. I would like to be considered for jobs which require driving: ☐ Yes (attach a copy of your valid driver's license) ☐ No

7. How did you hear about this recruitment? ☐ Local newspaper ☐ Department of Health website ☐ Department of Human Resources Development website ☐ Word of mouth ☐ Other (specify) _____

Note: If you wish to change your availability at a later date, you may do so by completing and submitting a new form to the above address.

DEPARTMENT OF HEALTH
APPLICANT DATA SURVEY

DOH ADS (Rev. 11/16/11)

In order to meet the requirements as set forth in Federal guidelines, we request your cooperation and assistance in completing the following questions. Participation in the survey is confidential and voluntary. The data will be used for reporting and personnel research purposes only. It will not be released to any hiring program for the purpose of selecting job applicants.

1. Applicant Name: _____ _____
   Last Name First Name

2. Recruitment Information: _____ _____
   Recruitment Number Job Title

3. Age

   ☐ Under 20
   ☐ 20 - 24
   ☐ 25 - 29
   ☐ 30 - 39
   ☐ 40 - 49
   ☐ 50 and over

4. Gender

   ☐ Male ☐ Female

5. Ethnic Background Categories
   Review all categories listed below, and choose the one which you believe best represents your ethnic background.

   ☐ Black
   ☐ Chinese
   ☐ Filipino
   ☐ Hawaiian
   ☐ Part-Hawaiian
   ☐ Japanese
   ☐ Korean
   ☐ Puerto Rican
   ☐ Samoan
   ☐ White - Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino or Puerto Rican)
   ☐ Mixed (other than Part-Hawaiian)
   ☐ Others or Unknown