**State of Hawaii**
**Department of Health**
**Child and Adolescent Mental Health Division**
**Manoa - Kahala, Oahu**

## Child and Adolescent Mental Health Division System of Care System Spanner

$45,000 - $54,996 yearly, commensurate w/ training and experience

Project Laulima is a CAMHD initiative focused on providing more effective services to children and youth with mental health needs and intellectual/developmental disabilities.

The primary purpose of the System Spanner position is to support the collaborative projects undertaken by Project Laulima and its partners across the child-serving system, including the Department of Health (DOH), Department of Education (DOE) and Department of Human services (DHS). The System Spanner will assist in the coordination of regional and statewide interagency trainings, identify potential consultants and trainers, identify audience for trainings, develop agendas, and assist with event coordination. In addition, the System Spanner will provide research support, conduct needs assessments, conduct research and policy analyses, and organize and conduct focus groups with key stakeholders.

### Minimum Qualifications

EDUCATION: Bachelor's degree in behavioral and social sciences, education, nursing, or social work.

Master's degree in behavioral and social sciences, education, nursing, or social work preferred.

Two to four graduate courses in behavioral health, public health research or public policy is preferred.

EXPERIENCE: Two years professional work experience in social service, behavioral healthcare, or primary healthcare organizations.

Prior work or volunteer experience working on behalf of youth and their families preferred.

Ability to work cooperatively and collaboratively with all stakeholder groups; has demonstrated strong oral and written communication skills; ability to meet deadlines and be receptive to supervision.

LICENSE: Valid Hawaii Driver's license.

### Who May Apply

LEGAL AUTHORIZATION TO WORK REQUIREMENT: The State of Hawaii 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 Unites States.

### How to Apply

Submit completed State of Hawaii Application for Non-Civil Service Appointment, cover letter, detailed resume, 5 page writing sample, and salary requirements to:

Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816
Attn: Pratima Kumar Musburger, Project Manager

### Other Information

For additional information, you may contact Pratima Kumar Musburger, Project Manager at pratima.musburger@doh.hawaii.gov.

Recruitment is continuous until needs are met.

# STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

## DEPARTMENT OF HEALTH

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

FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL STAFF TO SELECT CATEGORY.

☐ Exempt ☐ TAOL
☐ 89 Day ☐ _____

RECEIVED DATE/TIME STAMP

**GENERAL INSTRUCTIONS TO APPLICANT: 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.
- This application form is to be used for non-civil service appointments.
- 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. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:
_____
Last First Middle

4. OTHER NAMES USED OR FORMER LAST NAME: _____

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

_____
City State Zip Code

6. E-MAIL ADDRESS: _____

7. PHONE NUMBER: _____
Home Other

**8. 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.

**9. NOTICE OF "AT WILL" EMPLOYMENT**
The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

**CERTIFICATE OF APPLICANT**
I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. 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

# STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

***The information on pages 1 and 2 will not be released to persons involved in the appointment process.***

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
# EDUCATION AND EMPLOYMENT HISTORY
# STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

**FOR OFFICIAL USE ONLY**

DEPARTMENTAL PERSONNEL STAFF TO SELECT CATEGORY

☐ Exempt ☐ TAOL

☐ 89 Day ☐ _____

**1. POSITION TITLE APPLYING FOR:** _____

**2. RECRUITMENT NUMBER or POSITION NUMBER:** _____

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 | |
| | | | | |
| | | | | |
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**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.

_____

_____

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## EDUCATION AND EMPLOYMENT HISTORY
## STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

**10. EXPERIENCE: Please type or print legibly in 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.
**Do not submit a resume in place of completing this page.**

**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

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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 _____
_____
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_____
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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

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

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