State of Hawaii
Department of Health
Adult Mental Health Division
Hawaii State Hospital
Kaneohe to Kualoa, Oahu

Hawaii State Hospital (HSH) Psychiatric Specialist

Salary commensurate w/ training and experience

The primary purpose of this position is to provide clinical leadership for other staff members, provide direct psychiatric services, participate in quality management activities and continuously strive to improve the quality of patient care through fostering a culture of safety that is committed to zero tolerance of any abuse or neglect of patients by staff.

Psychiatrists are the leaders of the treatment team, responsible for admitting and assessing new patients, developing and implementing treatment plans, addressing and resolving patient's forensic issues, and have a leadership role in clinical operations and policies.

Minimum Qualifications

EDUCATION: Graduate from an approved medical school in the United States or Canada, or graduate from a foreign medical school and certification by the educational Council of Foreign Medical Graduates (ECFMG). Completion of one year of approved internship and three years of psychiatric residency training. Board certification or board eligibility from the American Board of Psychiatry and Neurology.

SPECIALIZED EXPERIENCE: One year of experience in psychiatry or one year of additional training appropriate to the particular position.

LICENSE: Permanent or Temporary license to practice medicine in the State of Hawaii.

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, resume, and salary requirements to:

Department of Health
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744
Attn: Personnel Office

Other Information

For additional information, you may contact Jodi Polendey at (808) 236-8228.

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) School 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.

_____

_____

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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

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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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)
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☐ 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