



**State of Hawaii  
Department of Health  
Family Health Services Division  
Manoa to Kahala, Oahu**

**Oral Health Project Manager (Dental Director)**

\$2,961 to \$4,013 monthly, commensurate with training and experience FTE 50%

The purpose of this part-time (FTE = 50%) Non Civil-Service position administer the Hawaii State Oral Disease Prevention Program, which is tasked with assisting the Department of Health to rebuild effective public Health capacity for implementation, evaluation, and dissemination of best practices associated with oral disease prevention and improvement of oral health for the entire state. The position will be responsible for establishing an oral health data surveillance system, development of a state plan, promoting evidence based prevention programs, and supporting collaboration among oral health stakeholders. The position will supervise a half-time Office Assistant and a quarter-time Epidemiologist.

**Minimum Qualification Requirements**

**EDUCATION:** A Doctorate in Dentistry is required for this position. A focus on Public Health Dentistry is preferred.

**EXPERIENCE:** Two (2) years of professional experience as a licensed Dentist.

**LICENSE:** State of Hawaii Dentist Licensure Required. Must possess a State of Hawaii Dentist License at the time of application. Hawaii does not have reciprocity agreements with other jurisdictions. For more information about obtaining a Hawaii issued license, please visit the following website:  
<http://hawaii.gov/dcca/pvl/boards/dentist>.

**Who May Apply**

**Citizenship 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 in the United States.

**How to Apply**

Submit completed State of Hawai`i Application for Non-Civil Service Appointment, resume, and salary requirements to:

Department of Health  
Family Health Services Division  
Jon Nishihara, Personnel Management Specialist  
1250 Punchbowl Street  
Honolulu, Hawaii 96813

Recruitment is continuous until needs are met.

**Other Information**

This position is responsible for the overall leadership of the Hawaii State Oral Disease Prevention Program specifically:

1. Oversight of the development, implementation and evaluation of program goals, objectives, guidelines, policies, work procedures, and staffing;
2. Oversight of grants and contracts to assure program delivery and compliance with federal and state statutory requirements;
3. Oversight of the preparation of budgets, documents and analysis of proposed legislation affecting the program;
4. provide testimony to the state legislature, city/county councils, and school administration on the safety, effectiveness, and department position on oral health issues, such as school-based screenings, sealants and fluoride varnish;
5. Oversight of the writing of grants, progress reports and final reports to various federal and state entities for programmatic funding;
6. Assure cooperation, communication and coordination of oral health services with all organizations and agencies providing oral health services; and
7. Identify opportunities for integration and collaboration with chronic disease, maternal child health, and primary care.

For additional information, you may contact:  
Jon Nishihara, Personnel Management Specialist  
[jon.nishihara@doh.hawaii.gov](mailto:jon.nishihara@doh.hawaii.gov)

**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

OTHER NAMES USED OR FORMER

4. LAST NAME: \_\_\_\_\_

MAILING

5. ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Box      or      Number and Street

\_\_\_\_\_ City                      State                      Zip Code

E-MAIL

6. ADDRESS: \_\_\_\_\_

PHONE

7. 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

**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.

**DO NOT  
WRITE  
IN THIS  
SPACE**

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

<b>Your Present or Last Position</b>	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____
	Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	