



State of Hawaii
Department of Health
Child and Adolescent Mental Health Division
Clinical Services Office
Waimanalo - Kailua, Oahu

Psychiatrist – Inpatient (PREA)

\$14,000- \$16,000 monthly, salary commensurate w/ training and experience

The primary purpose of this position is to provide clinical supervision as part of the clinical team at the Family Court Liaison Branch (FCLB). The position provides crisis intervention, suicide risk assessment, mental health evaluation, individual, group and family therapy, and psychiatric/medical evaluation services for youth in the facilities served by FCLB. The FCLB Clinical Psychiatrist clinically supervises the assessment, treatment and case management services provided by FCLB HSP/Social Workers and trainees, including psychiatry fellows and residents. This position strives to ensure excellence by continuously improving services, by maintaining high standards in ethical conduct and professional practices, and by adhering to CASSP principles.

Minimum Qualifications

EDUCATION: Require M.D. or D.O. degree from an accredited program or equivalent and completion of accredited psychiatric and child/adolescent residency fellowship or equivalent required. Board certification or meets the criteria to sit for the examination of the American Board of Psychiatry and Neurology.

EXPERIENCE: Two (2) years of supervised clinical experience in child and adolescent psychiatry (two years accredited residency/fellowship experience in child and adolescent psychiatry meets this requirement).

LICENSE: A. Valid license to practice medicine or osteopathy in Hawaii, or eligible for a limited and temporary license. B. Certificates of completion of accredited psychiatric and child/adolescent psychiatric residency/fellowship or equivalent. C. Federal and Hawaii controlled substance registration certificates.

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 United States.

How to Apply

Submit your completed State of Hawaii Application for Non-Civil Service Appointment, salary requirements, and detailed resume to:

Department of Health
Child and Adolescent Mental Health Division
3627 Kilauea Avenue Room 101
Honolulu, Hawaii 96816
Attn: Kurt Humphrey, M.D.

Submit the PREA Questionnaire to:

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

Other Information

For additional information, please call (808) 733-9339.

Recruitment is continuous until needs are met.

This position is exempt from the civil service. Employment in such positions is considered to be “at will.”

Prison Rape Elimination Act (PREA) Requirement: As required by the Prison Rape Elimination Act of 2003 (PREA), Federal law states that “...an agency shall not hire or promote anyone who may have contact with inmates and who:

- (1) **Has engaged in sexual abuse** in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
- (2) **Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.**
- (3) **Has been civilly or administratively adjudicated to have engaged** in the activity described in #2 above.
- (4) **Has been the subject of substantiated allegations of sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.**



State of Hawaii
Department of Health

Today's Date

You were recently referred to our vacancy for _____, _____.
Position # Position Title

This position involves contact with inmates/juvenile residents in a correctional/juvenile facility (prison and jail) or lockup. As required by the Prison Rape Elimination Act of 2003 (PREA), all applicants who may have contact with an inmate/juvenile resident in a correctional/juvenile facility (prison and jail) or lockup as described in the law must answer the four (4) questions below to determine their eligibility for this position.

In accordance with Federal law, the State of Hawaii shall not hire nor promote anyone who may have contact with inmates who:

(A) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.

Have you engaged in sexual abuse as described in (A) above?

_____ Yes _____ No

(B) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Have you been convicted of engaging or attempting to engage in sexual activity as described in (B) above?

_____ Yes _____ No

(C) Has been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) to have engaged in the activity described in (B) above.

Have you been civilly or administratively adjudicated to have engaged in the activity described in (B) above?

_____ Yes _____ No

(D) Has been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment.

Have you been the subject of a substantiated allegation of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?

_____ Yes _____ No

I certify that my responses to the questions in this questionnaire 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 Hawaii.

Print Name

Signature

Date

Although you may have already answered these questions when you submitted your application, **you must complete and mail this questionnaire** to the Department of Health, Human Resources Office, Recruitment & Examination Section, 1250 Punchbowl Street Room 122, Honolulu, Hawaii 96813 **by close of business,**

Date (7 working days from date of this questionnaire)

If we do not receive your completed questionnaire by the requested deadline, we will assume you are not interested in being considered for this vacancy and your name will be removed from any further consideration for this position.

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. WORK AUTHORIZATION

A. Are you legally authorized to work in the United States? Yes No

B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

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.

Your Present or Last Position	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"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ 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"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ 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"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ 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 _____ 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	