

# Department of Health Employment Opportunity



Rev.  
02/02/26

Human Resources Office – Recruitment & Examination • 1250 Punchbowl Street, Room 123 • Honolulu, Hawaii 96813

**OPENING DATE:** September 29, 2025

**LAST DAY TO FILE APPLICATIONS:** Continuous

## Registered Nurse II, IV, V

Recruitment No. 25X028

Position No. Varies

Neighbor Islands

Level II \$7,718 per month (SR-18, Step B)

Level IV \$10,117 per month (SR-22, Step B)

Level V \$10,943 per month (SR-24, Step B)

Note: Hiring rates will be based on availability of funds, the applicant's qualifications, and other relevant factors.

- ◆ Please be advised that the hiring process for this position is part of the Department of Health's Hiring Innovation for Rapid Employment (HIRE) Pilot Project. The Pilot Project will defer the traditional screening of applications for minimum qualifications until after a selection has been made. Therefore, the referral of an application to the hiring manager and the opportunity to interview for the position do not indicate that the applicant meets the minimum qualifications for the position, nor do they guarantee employment. If selected for the role, a comprehensive review of the application packet will occur to ensure that the minimum qualifications are met. If the selectee is deemed qualified, a conditional offer will be issued.

**JOB DUTIES:** General Duty and/or Clinical Nursing work involves responsibility for direct and/or indirect nursing care to patients in hospitals, infirmaries, sanitaria or similar health care facilities. Positions in this area may involve assignment to one, or rotation among, the various clinical services of the institution (e.g., obstetrics, pediatrics, surgery, orthopedics, outpatient, geriatrics, tuberculosis, psychiatric, Hansen's disease, etc.).

Public Health Nursing with emphasis on case finding and follow through, health guidance and teaching, and liaison with community health and related services, positions in this area provide direct and/or indirect nursing care oriented toward maintaining health and preventing illness, as well as toward treatment and cure. Positions may involve assignment to a specific geographic area and/or to specialized community public health clinics.

Alternate Situation positions may be program specialists in a particular clinical service or subject matter area of nursing. As such they may plan, organize and coordinate community and/or institution educational and consultative services relative to the specialized nursing techniques, methods and treatment services characteristic of a particular medical program. This responsibility involves assisting nurses and program administrators in the development and improvement of nursing programs, policies and procedures; planning and conducting education programs within a specific clinical service area; and supervising subordinate nursing and/or clerical personnel.

- ◆ **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. **License Requirement:** License to practice as a registered nurse in the State of Hawaii.
  2. **Experience Requirement: (Level II = 0 years, Level IV = 1 year 6 months, Level V = 2 years and 6 months)**  
Professional work experience as a registered nurse. For public health nursing positions, applicants must have had public health nursing experience in the appropriate quantities shown in the table above.

For all positions, applicants for Registered Nurse IV and V must have had one year of satisfactory work experience comparable to the next lower level in the State service. For example, applicants for Registered Nurse V in the hospital,

institutional or clinic setting must have had one year of experience comparable to Registered Nurse IV as a supervisor of nurses responsible for all patient care, management activities within an assigned ward, floor or clinical area.

Applicants for Registered Nurse V in the public health nursing setting must have had one year of experience independently responsible for public health nursing treatment, care and educational services within an assigned geographic area.

**Substitutions Allowed:** Possession of a master's degree and/or a Doctor of Nursing Practice degree from an accredited college or university school of nursing may be substituted for one year of experience.

**Selective Certification:** Specialized knowledge, skills and abilities may be required to perform the duties of some positions. For such positions, Selective Certification Requirements may be established, and certification may be restricted to eligibles who possess the pertinent experience and/or training required to perform the duties of the position. Agencies requesting selective certification must show the connection between the kind of training and/or experience on which they wish to base selective certification and the duties of the position to be filled.

**HOW TO FILE:**

Submit applications and all required documentation via email to:

DOH.Employment@doh.hawaii.gov

File applications immediately. E-mailed applications and supplemental materials must be submitted 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.
3. Education obtained outside the United States must be comparable to education earned at a regionally accredited school in the United States.

**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.

**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 HAWAII 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 via e-mail (DOH.Employment@doh.hawaii.gov).
- 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. WORK AUTHORIZATION

Please answer both A and B below:

- 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

## 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. \_\_\_\_\_ POSITION TITLE APPLYING FOR

4. \_\_\_\_\_ 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

# STATE OF HAWAI'I APPLICATION FOR CIVIL SERVICE POSITIONS

*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 HAWAII 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.

<b>3. NAME:</b>	Last	First	Middle
<b>4. OTHER NAMES USED OR FORMER</b>	<b>LAST NAME:</b> _____		
<b>5. E-MAIL</b>	<b>ADDRESS:</b> _____		
<b>6. MAILING ADDRESS:</b>	P.O. Box	or	Number and Street
<hr/>		City	State
<hr/>		Zip Code	
<b>7. PHONE NO.:</b>	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.

**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.

<b>NAME &amp; ADDRESS</b>	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 HAWAII 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.

<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 _____  _____ _____ _____  Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____  _____ _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____  _____ _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____  _____ _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____  _____ _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**REGISTERED NURSE II (GENERAL DUTY) (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.

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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

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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. HAWAII RN LICENSE**

A valid Hawaii State Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**\*4. CPR CERTIFICATION**

Some positions require a Cardio-Pulmonary Resuscitation (CPR) certification. Do you possess such a certification and would you like to be considered for such positions? If Yes, you must submit a copy of your certification at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**REGISTERED NURSE II (GENERAL DUTY) (SR-18)**  
**Supplemental Questionnaire cont'd**

**\*5. EDUCATION**

I meet one of the following educational requirements (Please provide a copy of your official transcripts) at the time of the filing of the application. Copies will not be returned:

- I have a bachelor's degree in nursing from an accredited university including coursework in public/community health nursing.
- I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.
- I graduated from an accredited school of nursing and have two years of professional public health nursing experience.
- I have a master's degree in nursing from an accredited school.
- I have none of the above.

**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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

DOH.Employment@doh.hawaii.gov

## **REGISTERED NURSE II - PUBLIC HEALTH (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.

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When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections on my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for this job with the State of Hawaii. 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 supplement questionnaire; however, I may attach it to the application to provide additional information.

I acknowledge I have read the above statement.

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Signature

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Date

\* 2. **HAWAII RN LICENSE**

A valid Hawaii State Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license, identified by job title and IVA number, as verification at the filing of your application.

Yes  
 No

\* 3. **EDUCATION**

I meet one of the following educational requirements (Please provide a copy of your official transcripts, identified by job title and IVA number, as verification at the filing of your application):

- I have a bachelor's degree in nursing from an accredited university including coursework in public/community health nursing.
- I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.
- I graduated from an accredited school of nursing and have two years of professional public health nursing experience.
- I have a master's degree in nursing from an accredited school.
- I have none of the above.

Name\_\_\_\_\_

Vacancy Number \_\_\_\_\_

Position Number \_\_\_\_\_

Page 2 of 2

**REGISTERED NURSE II - PUBLIC HEALTH (SR-18)**  
**Supplemental Questionnaire cont'd**

- \* 4. **ADDITIONAL INFORMATION.** Do you have any other information related to this position that you would like us to consider? If no, so state. If yes, please provide the information on a hard copy paper addendum submitted to our office and identified by job title and IVA number at the filing of your application.
- \* 5. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted at the filing of your application.

**\* Required Question**

E-mail your Application, Supplemental Questionnaire and Additional Information to:

DOH.Employment@doh.hawaii.gov

**REGISTERED NURSE IV (GENERAL DUTY) (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.**

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.

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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. HAWAII RN LICENSE**

A valid Hawaii State Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**\*4. CPR CERTIFICATION**

Some positions require a Cardio-Pulmonary Resuscitation (CPR) certification. Do you possess such a certification and would you like to be considered for such positions? If Yes, you must submit a copy of your certification at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**REGISTERED NURSE IV (GENERAL DUTY) (SR-22)**  
**Supplemental Questionnaire cont'd**

**\*5. EDUCATION**

I meet one of the following educational requirements (Please provide a copy of your official transcripts) at the time of the filing of the application. Copies will not be returned:

- I have a bachelor's degree in nursing from an accredited university including coursework in public/community health nursing.
- I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.
- I graduated from an accredited school of nursing and have two years of professional public health nursing experience.
- I have a master's degree in nursing from an accredited school.
- I have none of the above.

**\*6. REQUIRED NURSING EXPERIENCE**

Do you have one and one-half years of professional nursing experience as described in the announcement? If yes, for EACH employer you would like us to consider, describe your duties and responsibilities, conclusively demonstrating your knowledge and ability. Identify and treat EACH employer separately.

**\*7. SUPERVISORY OR ADMINISTRATIVE EXPERIENCE**

Do you have any supervisory or administrative nursing experience? If none, so indicate. If yes, for EACH supervisory or administrative nursing position held, provide a description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide a description of your supervisory and/or administrative duties in the following areas:

- A. Describe your role in the evaluation of nursing care plans.
- B. Describe your role in in-service education.
- C. Describe some of your in-service training programs you were responsible for planning and implementing.
- D. Describe your duties and responsibilities in planning, organizing, and directing nursing care and treatment services.
- E. Describe your role in determining priorities of patient care needs.
- F. Provide the number of beds in the facility.
- G. Provide the description and size of patient units supervised.
- H. Provide the number of persons you supervised and their titles.
- I. Describe the methods used to evaluate performance. Did you write official performance appraisals? If yes, how were the appraisals used?
- J. What kinds of disciplinary actions did you recommend and enforce?
- K. Provide the average number of hours worked per week and shifts you supervised (e.g., evenings, weekends, etc.)
- L. List your immediate supervisor's official job title, qualifications (education and/or experience) and complete contact information.
- M. Describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.). Indicate whether you performed your work independently.
- N. How did your duties and level of authority differ from those of your supervisor?

**REGISTERED NURSE IV (GENERAL DUTY) (SR-22)**  
**Supplemental Questionnaire cont'd**

**8. ADDITIONAL INFORMATION**

Provide any other information related to this position that you would like us to consider.

**\*9. 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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

[DOH.Employment@doh.hawaii.gov](mailto:DOH.Employment@doh.hawaii.gov)

## **REGISTERED NURSE IV - PUBLIC HEALTH (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.

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.

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When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections on my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for this job with the State of Hawaii. 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 supplement questionnaire; however, I may attach it to the application to provide additional information.

I acknowledge I have read the above statement.

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Signature

---

Date

\* 2. **HAWAII RN LICENSE.** A valid State of Hawaii Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license, identified by job title and IVA number, for verification at the filing of your application.

Yes  
 No

\* 3. **EDUCATION.** I meet the following education requirements (Please provide a copy of your official transcripts, identified by job title and IVA number, as verification at the filing of your application):

I have a bachelor's degree in nursing from an accredited university with coursework in public/community health nursing.  
 I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.  
 I graduated from an accredited school of nursing and have two years of professional public health nursing experience.  
 I have a master's degree in nursing.  
 I have none of the above.

**REGISTERED NURSE IV - PUBLIC HEALTH (SR-22)**  
**Supplemental Questionnaire cont'd**

\* 4. **REQUIRED PUBLIC HEALTH NURSING EXPERIENCE.** Do you have one and one-half years of Public Health Nursing Experience as described in the announcement? If yes, for EACH employer you would like us to consider, provide the following description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide all of the information for each employer:

- A. Provide the number of cases in your caseload.
- B. Describe your duties and responsibilities in case finding activities and provide examples of case complexities.
- C. Describe your role in establishing of case priorities based on the nursing needs of the individual and/or family.
- D. Describe your role in establishing and implementing a nursing care plan for each patient and/or family.
- E. Provide the ages of groups receiving treatment, care and educational services.
- F. Describe your role in diagnosis. Were patients referred by other agencies or physicians?
- G. Describe the well patient care you provided.

\* 5. **SUPERVISORY OR ADMINISTRATIVE EXPERIENCE.** Do you possess any supervisory or administrative experience? If "yes", for each supervisory or administrative nursing position held, provide a description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide a description of your supervisory and/or administrative duties in the following areas:

- A. Evaluation of nursing care plans.
- B. In-service education, planning, organizing, and directing nursing care and treatment services.
- C. Determining priorities of patient care needs.
- D. The number of persons you supervised and their titles.
- E. Your methods used to evaluate performance, how the appraisals were used and what kinds of disciplinary actions did you recommend and enforce.
- F. The average number of hours worked per week performing these duties and the shifts you supervised (e.g., evenings, weekends, etc.).
- G. List your immediate supervisor's official job title, qualifications (education and/or experience) and complete contact information.
- H. Describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.). Indicate whether you performed your work independently.
- I. How did your duties and level of authority differ from those of your supervisor?

**REGISTERED NURSE IV - PUBLIC HEALTH (SR-22)**  
**Supplemental Questionnaire cont'd**

6. **ADDITIONAL INFORMATION.** Do you have any other information related to this position that you would like us to consider? If no, so state. If yes, please provide the information on a hard copy paper addendum submitted to our office and identified by job title and IVA number at the filing of your application.
- \* 7. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted at the filing of your application.

**\* Required Question**

E-mail your Application, Supplemental Questionnaire and Additional Information to:

[DOH.Employment@doh.hawaii.gov](mailto:DOH.Employment@doh.hawaii.gov)

**REGISTERED NURSE V (GENERAL DUTY) (SR-24)**  
**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

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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. HAWAII RN LICENSE**

A valid Hawaii State Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**\*4. CPR CERTIFICATION**

Some positions require a Cardio-Pulmonary Resuscitation (CPR) certification. Do you possess such a certification and would you like to be considered for such positions? If Yes, you must submit a copy of your certification at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**REGISTERED NURSE V (GENERAL DUTY) (SR-24)**  
**Supplemental Questionnaire cont'd**

**\*5. EDUCATION**

I meet one of the following educational requirements (Please provide a copy of your official transcripts) at the time of the filing of the application. Copies will not be returned:

- I have a bachelor's degree in nursing from an accredited university including coursework in public/community health nursing.
- I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.
- I graduated from an accredited school of nursing and have two years of professional public health nursing experience.
- I have a master's degree in nursing from an accredited school.
- I have none of the above.

**\*6. REQUIRED NURSING EXPERIENCE**

Do you have two and one-half years of professional nursing experience as described in the announcement? If yes, for EACH employer you would like us to consider, describe your duties and responsibilities, conclusively demonstrating your knowledge and ability. Identify and treat EACH employer separately.

**\*7. SUPERVISORY OR ADMINISTRATIVE EXPERIENCE**

Do you have any supervisory or administrative nursing experience? If none, so indicate. If yes, for EACH supervisory or administrative nursing position held, provide a description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide a description of your supervisory and/or administrative duties in the following areas:

- A. Describe your role in the evaluation of nursing care plans.
- B. Describe your role in in-service education.
- C. Describe some of your in-service training programs you were responsible for planning and implementing.
- D. Describe your duties and responsibilities in planning, organizing, and directing nursing care and treatment services.
- E. Describe your role in determining priorities of patient care needs.
- F. Provide the number of beds in the facility.
- G. Provide the description and size of patient units supervised.
- H. Provide the number of persons you supervised and their titles.
- I. Describe the methods used to evaluate performance. Did you write official performance appraisals? If yes, how are the appraisals used?
- J. What kinds of disciplinary actions did you recommend and enforce?
- K. Provide the average number of hours worked per week and shifts you supervised (e.g., evenings, weekends, etc.)
- L. List your immediate supervisor's official job title, qualifications (education and/or experience) and complete contact information.
- M. Describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.). Indicate whether you performed your work independently.
- N. How did your duties and level of authority differ from those of your supervisor?

**REGISTERED NURSE V (GENERAL DUTY) (SR-24)**  
**Supplemental Questionnaire cont'd**

**8. ADDITIONAL INFORMATION**

Provide any other information related to this position that you would like us to consider.

**\*9. 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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

[DOH.Employment@doh.hawaii.gov](mailto:DOH.Employment@doh.hawaii.gov)

## **REGISTERED NURSE V PUBLIC HEALTH (SR-24) - 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.

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When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections on my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for this job with the State of Hawaii. 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 supplement questionnaire; however, I may attach it to the application to provide additional information.

I acknowledge I have read the above statement.

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Signature

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Date

\* 2. **HAWAII RN LICENSE.** A valid State of Hawaii Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license, identified by job title and IVA number, for verification at the filing of your application.

Yes  
 No

\* 3. **EDUCATION.** I meet the following education requirements (Please provide a copy of your official transcripts, identified by job title and IVA number, as verification at the filing of your application):

I have a bachelor's degree in nursing from an accredited university with coursework in public/community health nursing.  
 I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.  
 I graduated from an accredited school of nursing and have two years of professional public health nursing experience.  
 I have a master's degree in nursing.  
 I have none of the above.

**REGISTERED NURSE V - PUBLIC HEALTH (SR-24)**  
**Supplemental Questionnaire cont'd**

**\* 4. REQUIRED PUBLIC HEALTH NURSING EXPERIENCE**

Do you have two and one-half years of Public Health Nursing Experience as described in the announcement? If yes, for EACH employer you would like us to consider, provide the following description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide all of the information for each employer:

- A. Provide the number of cases in your caseload.
- B. Describe your duties and responsibilities in case finding activities and provide examples of case complexities.
- C. Describe your role in establishing of case priorities based on the nursing needs of the individual and/or family.
- D. Describe your role in establishing and implementing a nursing care plan for each patient and/or family.
- E. Describe your role in directing nursing assistants and lower level nurses (in your discussion, indicate the number and titles of your subordinates).
- F. Did you organize and manage specialty clinics? Indicate specialty areas and provide a description of your duties and responsibilities.
- G. Provide the ages of groups receiving treatment, care and educational services.
- H. Describe your role in diagnosis. Were patients referred by other agencies or physicians?
- I. Describe well patient care, treatment and educational services you provided.

**\* 5. SUPERVISORY OR ADMINISTRATIVE EXPERIENCE**

Do you have any supervisory or administrative nursing experience? If none, so indicate. If you answered "yes," for each supervisory or administrative nursing position held, provide a description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide a description of your supervisory and/or administrative duties in the following areas:

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- D. The number of persons you supervised and their titles.
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- F. The average number of hours worked per week performing these duties and the shifts you supervised (e.g., evenings, weekends, etc.)
- G. List your immediate supervisor's official job title, qualifications (education and/or experience) and complete contact information.
- H. Describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.). Indicate whether you performed your work independently.
- I. How did your duties and level of authority differ from those of your supervisor?

**REGISTERED NURSE V - PUBLIC HEALTH (SR-24)**  
**Supplemental Questionnaire cont'd**

6. **ADDITIONAL INFORMATION.** Do you have any other information related to this position that you would like us to consider? If no, so state. If yes, please provide the information on a hard copy paper addendum submitted to our office and identified by job title and IVA number at the filing of your application.

\* 7. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted at the filing of your application.

**\* Required Question**

E-mail your Application, Supplemental Questionnaire and Additional Information to:

DOH.Employment@doh.hawaii.gov

**REGISTERED NURSE V (ALTERNATE SITUATION) (SR-24)**  
**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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---

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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

**\*3. HAWAII RN LICENSE**

A valid Hawaii State Registered Nurse license is required. Do you possess such a license? If yes, you must submit a copy of your license at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**\*4. CPR CERTIFICATION**

Some positions require a Cardio-Pulmonary Resuscitation (CPR) certification. Do you possess such a certification and would you like to be considered for such positions? If Yes, you must submit a copy of your certification at the time of the filing of the application. Copies will not be returned.

Yes  
 No

**REGISTERED NURSE V (ALTERNATE SITUATION) (SR-24)**  
**Supplemental Questionnaire cont'd**

**\*5. EDUCATION**

I meet one of the following educational requirements (Please provide a copy of your official transcripts) at the time of the filing of the application. Copies will not be returned:

- I have a bachelor's degree in nursing from an accredited university including coursework in public/community health nursing.
- I graduated from an accredited school of nursing and have a university certificate in public/community health nursing.
- I graduated from an accredited school of nursing and have two years of professional public health nursing experience.
- I have a master's degree in nursing from an accredited school.
- I have none of the above.

**\*6. REQUIRED NURSING EXPERIENCE**

Do you have two and one-half years of professional nursing experience as described in the announcement? If yes, for EACH employer you would like us to consider, describe your duties and responsibilities, conclusively demonstrating your knowledge and ability. Identify and treat EACH employer separately.

**\*7. SUPERVISORY OR ADMINISTRATIVE EXPERIENCE**

Do you have any supervisory or administrative nursing experience? If none, so indicate. If yes, for EACH supervisory or administrative nursing position held, provide a description of your duties and responsibilities. Identify and treat EACH employer separately and be sure to provide a description of your supervisory and/or administrative duties in the following areas:

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- B. Describe your role in in-service education.
- C. Describe some of your in-service training programs you were responsible for planning and implementing.
- D. Describe your duties and responsibilities in planning, organizing, and directing nursing care and treatment services.
- E. Describe your role in determining priorities of patient care needs.
- F. Provide the number of beds in the facility.
- G. Provide the description and size of patient units supervised.
- H. Provide the number of persons you supervised and their titles.
- I. Describe the methods used to evaluate performance. Did you write official performance appraisals? If yes, how were the appraisals used?
- J. What kinds of disciplinary actions did you recommend and enforce?
- K. Provide the average number of hours worked per week and shifts you supervised (e.g., evenings, weekends, etc.)
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- M. Describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.). Indicate whether you performed your work independently.
- N. How did your duties and level of authority differ from those of your supervisor?

**REGISTERED NURSE V (ALTERNATE SITUATION) (SR-24)**  
**Supplemental Questionnaire cont'd**

**8. ADDITIONAL INFORMATION**

Provide any other information related to this position that you would like us to consider.

**\*9. 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