

# Department of Health Employment Opportunity



Rev. 09/04/25

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

OPENING DATE: September 29, 2025

LAST DAY TO FILE APPLICATIONS: Continuous

**Social Worker or Human Services  
Professional I, II, III, IV, V  
Recruitment No. 25X029  
Position No. Varies  
Neighbor Islands**

Level I Salary: \$4,243 per month (SR-16, Step D)  
Level II Salary: \$4,590 per month (SR-18, Step D)  
Level III Salary: \$4,961 to \$6,043 per month (SR-20, Step D to I)  
Level IV Salary: \$5,369 to \$6,535 per month (SR-22, Step D to I)  
Level V Salary: \$6,043 to \$7,351 per month (SR-24, Step D to I)

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:** Social Workers and Human Services Professionals seek to improve the overall quality of life of people within the context of their environment through the remediation and prevention of their problems, and by improving accessibility, accountability, and coordination of service delivery among a variety of professionals and/or agencies tasked with providing appropriate services to clients. These professionals come from a variety of interdisciplinary bases, establish working relationships of mutual respect and trust with the clientele served, and utilize a variety of helping interventions to enable these clients to function as effectively as possible.

These positions are found in a variety of settings and work with diverse types of people. They may be found in hospitals and other health service agencies, social service agencies, schools, correctional facilities, and programs concerned with substance abuse, aging, and family violence.

Although work settings and clientele may differ, all Social Workers and Human Services Professionals use similar professional concepts, principles, and techniques regardless of the program in which they work.

**Human Services Professional I** is the entry level in this class. Positions in this class receive training in the basic principles, methods and techniques of professional human services work and orientation to the specific work organization and its functions, objectives, policies and procedures. Cases are assigned concurrently with orientation and training. Cases may initially be fewer in number than those assigned to more experienced workers and, as far as can be anticipated, will be those with problems which are limited in scope and complexity or may require only short-

term intervention. Cases are selected to develop the employee for progression to a higher level of work. Supervision is close and immediate, and work assignments are closely and critically reviewed for compliance with instructions and application of approved practices and to assure potential for further training and development.

The Social Worker or Human Services Professional II is the advanced trainee level. Positions at this level continue to receive training in the principles, practices, and techniques of professional human services work and are assigned increasingly complex cases while continuing to advance toward becoming independent workers.

**Social Worker or Human Services Professional III** positions are distinguished by the complexity of assigned cases and level of authority assumed by the worker. The following summarizes the types of positions found at this level:

**Type A:** The fully independent Social Worker or Human Services Professional workers who provide the full range of core human services work such as assessment of needs; development and implementation of service plans, which may include direct services such as advising/counseling and/or referral/coordinative services; and monitoring, evaluating, and making appropriate adjustments to services plans.

Examples of positions performing this type of work are those providing ongoing support to developmentally disabled clients who have been declared eligible for services, or positions which serve as part of a multi-disciplinary team and provide a social services assessment and care coordination component to assure access to services for children with special health needs; or positions which oversee child care providers, facilities, and homes to ensure conformance to regulatory and child safety standards, and to assure that eligible families receive child care subsidies and other supportive services to facilitate employment.

**Type B:** These Social Worker or Human Services Professionals do not function at the fully independent worker level. All or a major part of their assigned cases consists of clients for whom it is difficult to determine or obtain appropriate services; who may be hostile or resistant to services; or who present significant complexities due to factors such as multiple and/or severe psychosocial, physical/mental, and environmental problems.

**Social Worker or Human Services Professional IV** positions are distinguished by the complexity of assigned cases and level of authority assumed by the worker. The following summarizes the types of positions found at these levels:

**Type A:** The fully trained, experienced Social Worker or Human Services Professional who independently performs the full range of professional human services work for a caseload consisting of predominantly highly complex cases. These are cases where clients frequently exhibit extreme hostility (which may include violent behavior to others or themselves) or resistance to services, possibly because they have been repeatedly referred to or compelled to accept agency services; have multiple and/or severe psychological, mental, physical, and environmental problems or have become the focus of notoriety and/or intense public scrutiny; and there is difficulty in determining or obtaining appropriate services, and in having clients accept services and comply with treatment plans.

**Type B:** The fully trained and experienced Social Worker or Human Services Professional who serves as a program specialist under the direction of a higher level specialist or other professional, and is assigned a program which is fairly narrow in scope and/or generally part of a larger program area. Work may encompass various tasks such as interpreting, clarifying and developing guidelines within the overall scope of the larger program; drafting policies and implementation plans; developing training guides and providing training; and monitoring and reporting on implementation.

**Type C:** The fully trained, experienced Social Worker or Human Services Professional who spends a significant portion of the work time in direct performance of work typical of the Social Worker or Human Services Professional III and concurrently supervises a small group of less experienced Social Workers or Human Services Professionals and/or others providing professional human services, without having significant program management responsibilities.

**Note: Some positions may provide services covered under the Felix Consent Decree.**

**Social Worker of Human Services Professional V** positions in this class serve as supervisors over groups of lower-level professional staff providing human services work or are engaged in program development and evaluation functions. The work requires a significant amount of knowledge of human services skills; program goals and organizational objectives; and pertinent policies, procedures, laws, rules, and regulations. Work is performed under general supervision. The following illustrates the types of positions found in this class:

**Type A:** Positions which serve as unit supervisors with full technical and administrative responsibility over a group of subordinate HSPs and possibly other professional staff who are engaged in providing direct casework or related services, and non-professional support staff. Positions are responsible for planning, organizing, and directing the activities of the unit in order to meet program and organizational objectives. Positions assign, review, and evaluate the work of subordinate staff; provide technical guidance and staff training and development; counsel and discipline/recommend discipline for staff; and perform other related duties as necessary.

**Type B:** Positions which serve as program specialists or staff consultants assigned to new or existing programs, or major segments of large programs, who work under the supervision of a higher-level specialist or professional position. Positions are responsible for assignments such as independently monitoring and ensuring the continued relevancy of program goals, policies, and training in light of changes in policies, laws, and organizational objectives; developing, evaluating, and/or modifying various program components in response to policy changes, changes in organizational objectives, etc.; anticipating the need for staff training and developing training materials and programs; and implementing staff training. The work requires a thorough knowledge of human services skills, program objectives, service delivery methods, etc., as well as State/Federal statutory and regulatory requirements to insure compatibility of contemplated agency actions. Positions may also provide direction to lower-level program specialists or serve as team leaders when necessary.

- ◆ **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. Education Requirement:**

**Human Services Professional I: Education:** A bachelor's degree from a regionally accredited four year college or university which included a minimum of twelve (12) semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences. In order to receive credit for education, you must submit verification (e.g., copies of official transcripts).

The education background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

**Social Worker II and III:**

**In accordance with Act 238, SLH 2005,** applicants must possess a bachelor's or master's degree in social work from a program of study accredited by the Council on Social Work Education, or a doctoral degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or a comparable regional accreditation body.

**Human Services Professional II and III:** A bachelor's degree from an accredited four-year college or university which included a **minimum of 12 semester credit hours** in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences.

**For The Human Services Professional Only:** Excess work experience as described under the Specialized Experience below, or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree, including the coursework specified above, may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

**Social Worker or Human Services Professional IV:**

**Social Worker:** In accordance with Act 238, SLH 2005, applicants must possess a bachelor's or master's degree in social work from a program of study accredited by the Council on Social Work Education, or a doctoral degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or a comparable regional accreditation body.

**Human Services Professional:** A bachelor's degree from an accredited four-year college or university which included a **minimum of 12 semester credit hours** in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences.

**For The Human Services Professional Only:** Excess work experience as described under the Specialized Experience below, or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree, including the coursework specified above, may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

**Social Worker or Human Services Professional V:**

**Social Worker:** In accordance with Act 238, SLH 2005, applicants must possess a bachelor's or master's degree in social work from a program of study accredited by the Council on Social Work Education, or a doctoral degree in social work from a college or university accredited by the Western Association of Schools and Colleges, or a comparable regional accreditation body.

**Human Services Professional:** A bachelor's degree from an accredited four-year college or university which included a **minimum of 12 semester credit hours** in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology or other behavioral sciences.

**For The Human Services Professional Only:** Excess work experience as described under the Specialized Experience below, or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree, including the coursework specified above, may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

**2. SPECIALIZED EXPERIENCE:**

**Social Worker of Human Services Professional II and III:**

Applicants must possess **progressively responsible professional** work experience which involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments in the amounts shown below. Please note that **possession of the required number of years of experience will not in itself be accepted as proof of qualification for the position**. The applicant's overall experience must have been of such **scope and level of responsibility** as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

**Social Worker:**

**For applicants who possess a Bachelor of Social Work degree,** no Specialized Experience required for the Level II and for the Level III, one year of the aforementioned Specialized Experience.

**For applicants who possess a Master of Social Work degree,** no Specialized Experience required.

**For applicants who possess a Ph.D. degree in Social Work,** no Specialized Experience required.

**Human Services Professional:** Six months for the Level II and for the Level III, one and one-half years of the aforementioned Specialized Experience.

**Social Worker or Human Services Professional IV:**

Applicants must possess **progressively responsible professional** work experience which involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments in the amounts shown below. Please note that **possession of the required number of years of experience will not in itself be accepted as proof of qualification for the position.** The applicant's overall experience must have been of such **scope and level of responsibility** as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

**Social Worker:**

**For applicants who possess a Bachelor of Social Work degree,** two years of the aforementioned Specialized Experience.

**For applicants who possess a Master of Social Work degree,** one year of the aforementioned Specialized Experience.

**For applicants who possess a Ph.D. degree in Social Work,** no Specialized Experience required.

**Human Services Professional:** two and one-half years of the aforementioned Specialized Experience.

**Social Worker or Human Services Professional V:**

Applicants must possess progressively responsible **professional** work experience which involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments in the amounts shown below. Please note that possession of the required number of years of experience will not in itself be accepted as proof of qualification for the position. The applicant's overall experience must have been of such **scope and level of responsibility** as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

**Social Worker:**

**For applicants who possess a Bachelor of Social Work degree,** three years of the aforementioned Specialized Experience.

**For applicants who possess a Master of Social Work degree,** two years of the aforementioned Specialized Experience.

**For applicants who possess a Ph.D. degree in Social Work,** one year of the aforementioned Specialized Experience.

**Human Services Professional:** three and one-half years of the aforementioned Specialized Experience.

**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 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 HAWAII 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 HAWAI'I 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.

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 <i>If yes, how many employees?</i> _____	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
	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 <i>If yes, how many employees?</i> _____	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
	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 <i>If yes, how many employees?</i> _____	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
	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 <i>If yes, how many employees?</i> _____	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

**SOCIAL WORKER OR HSP II (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 FORM. 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

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SIGNATURE

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DATE

**\*2. EDUCATION.** I possess and MUST provide verification (i.e., copies of my official transcripts, diploma) for the following choices at the time of the filing of the application. Copies will not be returned.

- ☐ Bachelor's degree with fewer than 12 semester credits in the behavioral sciences.
- ☐ Bachelor's degree with a minimum of 12 semester credits in the behavioral sciences.
- ☐ Bachelor's degree in social work from a school accredited by the Council on Social Work Education (CSWE).
- ☐ **HSP APPLICANTS ONLY:** No four-year college or university degree. If you are using excess work experience to fulfill the Education Requirement, be sure to fully address this work experience in the experience portion of your application. **THIS EXPERIENCE MAY NOT BE GAINED CONCURRENTLY WITH THE SPECIALIZED EXPERIENCE.**
- ☐ Master's degree in counseling, psychology, sociology, or other behavioral science.
- ☐ Master's degree in social work from a school program accredited by the CSWE.
- ☐ Master's degree in a field OTHER than the above choices.
- ☐ Doctoral degree in social work.

**SOCIAL WORKER OR HSP II (SR-18)**  
**Supplemental Questionnaire cont'd**

- \*3. **SPECIALIZED EXPERIENCE.** Do you have **six (6) months** of PROGRESSIVELY RESPONSIBLE PROFESSIONAL human services work experience? If No, so state. If Yes, please provide the following for EACH employer:
- a. Employer's name;
  - b. Your official job title and compensation level (e.g., SR/EM/GS, if applicable);
  - c. Average number of hours per week spent performing social work/human services work duties and;
  - d. Name and official job title, education and/or experience qualifications of your immediate supervisor.  
E.g., Employer A – Doe Company, Case Manager IV (SR-22), 30 hrs., John Adams, Clinical Supervisor (Master's in social work).
  - e. Describe this employer or agency (private or governmental). Describe the services provided and types of clientele served. Describe the population that you worked with, their presenting problems, and average number in your caseload per month.
  - f. What was the **primary function** of your position?
- \*4. **PRIMARY DUTIES.** Questions 4 - 6 refer to your **FIRST EMPLOYER** experience listed in Question 3. From the following list, select your professional duties performed.
- ☐ Screening, information and referral (include description of client population)
  - ☐ Psychosocial assessments and diagnosis as an individual
  - ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team
  - ☐ Other assessments
  - ☐ Development/formulation of a treatment plan
  - ☐ Implementation of a treatment plan
  - ☐ Individual and/or group counseling, including counseling techniques used
  - ☐ Caseload management
  - ☐ Collaboration/consultation with other professional health care providers/agencies
  - ☐ None of the above
- \*5. **DESCRIPTION OF DUTIES**
- a. Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
  - b. Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).
- If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.
6. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:
- a. Dates you were an official supervisor;
  - b. Number and job titles of those you supervised and the areas of their responsibilities; and
  - c. A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

**SOCIAL WORKER OR HSP II (SR-18)**  
**Supplemental Questionnaire cont'd**

7. **SECOND EMPLOYER.** Questions 7 - 9 refer to your second employer experience listed in Question 3, if applicable. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

8. **DESCRIPTION OF DUTIES**

- a. Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b. Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

9. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:

- a. Dates you were an official supervisor;
- b. Number and job titles of those you supervised and the areas of their responsibilities; and
- c. A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

10. **ADDITIONAL INFORMATION.** Provide any other information related to this position that you would like us to consider.

\*11. **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

**SOCIAL WORKER OR HSP III (SR-20)  
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. EDUCATION.** I possess and MUST provide verification (i.e., copies of my official transcripts, diploma) for the following choices at the time of the filing of the application. Copies will not be returned.

- ☐ Bachelor's degree with fewer than 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree with a minimum of 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree in social work from a school accredited by the Council on Social Work Education (CSWE).  
☐ **HSP APPLICANTS ONLY:** No four-year college or university degree. If you are using excess work experience to fulfill the Education Requirement, be sure to fully address this work experience in the experience portion of your application. **THIS EXPERIENCE MAY NOT BE GAINED CONCURRENTLY WITH THE SPECIALIZED EXPERIENCE.**  
☐ Master's degree in counseling, psychology, sociology, or other behavioral science.  
☐ Master's degree in social work from a school program accredited by the CSWE.  
☐ Master's degree in a field OTHER than the above choices.  
☐ Doctoral degree in social work.

**SOCIAL WORKER OR HSP III (SR-20)  
Supplemental Questionnaire cont'd**

- \*4. **SPECIALIZED EXPERIENCE.** Do you have at least **ONE AND ONE-HALF** years of PROGRESSIVELY RESPONSIBLE PROFESSIONAL human services work experience? Scope and level of responsibility must conclusively demonstrate your ability to perform the duties of the position for which you are being considered. If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in the Experience section of your application:
- Employer's name;
  - Your official job title and compensation level (e.g., SR/EM/GS, if applicable);
  - Average number of hours per week spent performing social work/human services work duties and;
  - Name and official job title, education and/or experience qualifications of your immediate supervisor. E.g., Employer A – Doe Company, Case Manager IV (SR-22), 30 hrs., John Adams, Clinical Supervisor (Master's in social work).
  - Describe this employer or agency (private or governmental). Describe the services provided and types of clientele served. Describe the population that you worked with, their presenting problems, and average number in your caseload per month.
  - What was the **primary function** of your position?
- \*5. **PRIMARY DUTIES FOR FIRST EMPLOYER**  
Questions 5 - 7 refer to your **FIRST EMPLOYER** experience listed in Question 4. From the following list, select your professional duties performed.
- ☐ Screening, information and referral (include description of client population)
  - ☐ Psychosocial assessments and diagnosis as an individual
  - ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
  - ☐ Other assessments
  - ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
  - ☐ Implementation of a treatment plan
  - ☐ Individual and/or group counseling, including counseling techniques used
  - ☐ Case coordination and caseload management
  - ☐ Collaboration/consultation with other professional health care providers/agencies
  - ☐ None of the above
- \*6. **DESCRIPTION OF DUTIES**
- Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
  - Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).
- If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.
7. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:
- Dates you were an official supervisor;
  - Number and job titles of those you supervised and the areas of their responsibilities; and
  - A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?



**SOCIAL WORKER OR HSP III (SR-20)**  
**Supplemental Questionnaire cont'd**

8. **PRIMARY DUTIES FOR SECOND EMPLOYER.** Questions 9 – 11 refer to your second employer experience listed in Question 4, if applicable. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Case coordination and caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

9. **DESCRIPTION OF DUTIES**

- a. Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b. Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

10. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:

- a. Dates you were an official supervisor;
- b. Number and job titles of those you supervised and the areas of their responsibilities; and
- c. A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

11. **PRIMARY DUTIES FOR THIRD EMPLOYER**

Questions 12 - 14 refer to your third employer experience listed in Question 4. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Case coordination and caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

**SOCIAL WORKER OR HSP III (SR-20)**  
**Supplemental Questionnaire cont'd**

**12. DESCRIPTION OF DUTIES**

- a.** Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b.** Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

- 13. SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:

- a.** Dates you were an official supervisor;
- b.** Number and job titles of those you supervised and the areas of their responsibilities; and
- c.** A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

**14. ADDITIONAL INFORMATION**

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

**\*15. 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

**SOCIAL WORKER OR HSP IV (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

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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. EDUCATION.** I possess and MUST provide verification (i.e., copies of my official transcripts, diploma) for the following choices at the time of the filing of the application. Copies will not be returned.

- ☐ Bachelor's degree with fewer than 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree with a minimum of 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree in social work from a school accredited by the Council on Social Work Education (CSWE).  
☐ **HSP APPLICANTS ONLY:** No four-year college or university degree. If you are using excess work experience to fulfill the Education Requirement, be sure to fully address this work experience in the experience portion of your application. **THIS EXPERIENCE MAY NOT BE GAINED CONCURRENTLY WITH THE SPECIALIZED EXPERIENCE.**  
☐ Master's degree in counseling, psychology, sociology, or other behavioral science.  
☐ Master's degree in social work from a school program accredited by the CSWE.  
☐ Master's degree in a field OTHER than the above choices.  
☐ Doctoral degree in social work.

**SOCIAL WORKER OR HSP IV (SR-22)**  
**Supplemental Questionnaire cont'd**

- \*4. **SPECIALIZED EXPERIENCE.** Do you have at least **TWO AND ONE-HALF** years of PROGRESSIVELY RESPONSIBLE PROFESSIONAL human services work experience? Scope and level of responsibility must conclusively demonstrate your ability to perform the duties of the position for which you are being considered. If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in the Experience section of your application:
- Employer's name;
  - Your official job title and compensation level (e.g., SR/EM/GS, if applicable);
  - Average number of hours per week spent performing social work/human services work duties and;
  - Name and official job title, education and/or experience qualifications of your immediate supervisor. E.g., Employer A – Doe Company, Case Manager IV (SR-22), 30 hrs., John Adams, Clinical Supervisor (Master's in social work).
  - Describe this employer or agency (private or governmental). Describe the services provided and types of clientele served. Describe the population that you worked with, their presenting problems, and average number in your caseload per month.
  - What was the **primary function** of your position?
- \*5. **PRIMARY DUTIES FOR FIRST EMPLOYER**  
Questions 5 - 7 refer to your **FIRST EMPLOYER** experience listed in Question 4. From the following list, select your professional duties performed.
- ☐ Screening, information and referral (include description of client population)
  - ☐ Psychosocial assessments and diagnosis as an individual
  - ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
  - ☐ Other assessments
  - ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
  - ☐ Implementation of a treatment plan
  - ☐ Individual and/or group counseling, including counseling techniques used
  - ☐ Case coordination and caseload management
  - ☐ Collaboration/consultation with other professional health care providers/agencies
  - ☐ None of the above
- \*6. **DESCRIPTION OF DUTIES**
- Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
  - Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).
- If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.
7. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:
- Dates you were an official supervisor;
  - Number and job titles of those you supervised and the areas of their responsibilities; and
  - A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

**SOCIAL WORKER OR HSP IV (SR-22)**  
**Supplemental Questionnaire cont'd**

8. **PRIMARY DUTIES FOR SECOND EMPLOYER.** Questions 9 – 11 refer to your second employer experience listed in Question 4, if applicable. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Case coordination and caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

9. **DESCRIPTION OF DUTIES**

- a. Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b. Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

10. **SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:

- a. Dates you were an official supervisor;
- b. Number and job titles of those you supervised and the areas of their responsibilities; and
- c. A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

11. **PRIMARY DUTIES FOR THIRD EMPLOYER**

Questions 12 - 14 refer to your third employer experience listed in Question 4. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Case coordination and caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

**SOCIAL WORKER OR HSP IV (SR-22)**  
**Supplemental Questionnaire cont'd**

**12. DESCRIPTION OF DUTIES**

- a.** Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b.** Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

- 13. SUPERVISORY EXPERIENCE.** This experience is **NOT** required. However, IF you have supervisory experience over lower-level professionals (including social work or human services staff), please provide the following:

- a.** Dates you were an official supervisor;
- b.** Number and job titles of those you supervised and the areas of their responsibilities; and
- c.** A specific description of your supervisory duties. How did your duties and level of authority differ from your supervisor?

**14. ADDITIONAL INFORMATION**

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

**\*15. 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

**SOCIAL WORKER OR HSP V (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 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

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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. EDUCATION.** I possess and MUST provide verification (i.e., copies of my official transcripts, diploma) for the following choices at the time of the filing of the application. Copies will not be returned.

- ☐ Bachelor's degree with fewer than 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree with a minimum of 12 semester credits in the behavioral sciences.  
☐ Bachelor's degree in social work from a school accredited by the Council on Social Work Education (CSWE).  
☐ **HSP APPLICANTS ONLY:** No four-year college or university degree. If you are using excess work experience to fulfill the Education Requirement, be sure to fully address this work experience in the experience portion of your application. **THIS EXPERIENCE MAY NOT BE GAINED CONCURRENTLY WITH THE SPECIALIZED EXPERIENCE.**  
☐ Master's degree in counseling, psychology, sociology, or other behavioral science.  
☐ Master's degree in social work from a school program accredited by the CSWE.  
☐ Master's degree in a field OTHER than the above choices.  
☐ Doctoral degree in social work.



**SOCIAL WORKER OR HSP V (SR-24)**  
**Supplemental Questionnaire cont'd**

- \*4. **SPECIALIZED EXPERIENCE.** Do you have at least **THREE AND ONE-HALF** years of **PROGRESSIVELY RESPONSIBLE PROFESSIONAL** human services work experience? Scope and level of responsibility must conclusively demonstrate your ability to perform the duties of the position for which you are being considered. If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in the Experience section of your application:
- Employer's name;
  - Your official job title and compensation level (e.g., SR/EM/GS, if applicable);
  - Average number of hours per week spent performing social work/human services work duties and;
  - Name and official job title, education and/or experience qualifications of your immediate supervisor. E.g., Employer A – Doe Company, Case Manager IV (SR-22), 30 hrs., John Adams, Clinical Supervisor (Master's in social work).
  - Describe this employer or agency (private or governmental). Describe the services provided and types of clientele served. Describe the population that you worked with, their presenting problems, and average number in your caseload per month.
  - What was the **primary function** of your position?

\*5. **PRIMARY DUTIES FOR FIRST EMPLOYER**

Questions 5 - 7 refer to your **FIRST EMPLOYER** experience listed in Question 4. From the following list, select your professional duties performed.

- ☐ Screening, information and referral (include description of client population)
- ☐ Psychosocial assessments and diagnosis as an individual
- ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
- ☐ Other assessments
- ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
- ☐ Implementation of a treatment plan
- ☐ Individual and/or group counseling, including counseling techniques used
- ☐ Case coordination and caseload management
- ☐ Collaboration/consultation with other professional health care providers/agencies
- ☐ None of the above

\*6. **DESCRIPTION OF DUTIES**

- Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

7. **SUPERVISORY APTITUDE/EXPERIENCE.** Supervisory aptitude is a requirement. It is the demonstration of aptitude or potential for the performance of supervisory duties. Do you possess supervisory aptitude OR experience? If No, so state. If Yes, provide the following:

- Employer's name and your official job title;
- Number and job titles of those you supervised, if any;
- A detailed description of the professional duties you performed which demonstrated your supervisory aptitude or potential OR experience, if any;
- Dates you performed such duties (Month/year to Month/year); and
- Explain how your duties and level of authority differed from you supervisor.

**SOCIAL WORKER OR HSP V (SR-24)**  
**Supplemental Questionnaire cont'd**

8. **PRIMARY DUTIES FOR SECOND EMPLOYER.** Questions 9 – 11 refer to your second employer experience listed in Question 4, if applicable. From the following list, select your professional duties performed.
- ☐ Screening, information and referral (include description of client population)
  - ☐ Psychosocial assessments and diagnosis as an individual
  - ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
  - ☐ Other assessments
  - ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
  - ☐ Implementation of a treatment plan
  - ☐ Individual and/or group counseling, including counseling techniques used
  - ☐ Case coordination and caseload management
  - ☐ Collaboration/consultation with other professional health care providers/agencies
  - ☐ None of the above
9. **DESCRIPTION OF DUTIES**
- a. Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
  - b. Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).  
If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.
10. **SUPERVISORY APTITUDE/EXPERIENCE.** Supervisory aptitude is a requirement. It is the demonstration of aptitude or potential for the performance of supervisory duties. Do you possess supervisory aptitude OR experience? If No, so state. If Yes, provide the following:
- a. Employer's name and your official job title;
  - b. Number and job titles of those you supervised, if any;
  - c. A detailed description of the professional duties you performed which demonstrated your supervisory aptitude or potential OR experience, if any;
  - d. Dates you performed such duties (Month/year to Month/year); and
  - e. Explain how your duties and level of authority differed from you supervisor.
11. **PRIMARY DUTIES FOR THIRD EMPLOYER**
- Questions 12 - 14 refer to your third employer experience listed in Question 4. From the following list, select your professional duties performed.
- ☐ Screening, information and referral (include description of client population)
  - ☐ Psychosocial assessments and diagnosis as an individual
  - ☐ Psychosocial assessments and diagnosis as member of multidisciplinary treatment team (also describe your role in relation to other team members; give their job titles)
  - ☐ Other assessments
  - ☐ Development/formulation of a treatment plan (describe if revisions done to plans)
  - ☐ Implementation of a treatment plan
  - ☐ Individual and/or group counseling, including counseling techniques used
  - ☐ Case coordination and caseload management
  - ☐ Collaboration/consultation with other professional health care providers/agencies
  - ☐ None of the above

**SOCIAL WORKER OR HSP V (SR-24)**  
**Supplemental Questionnaire cont'd**

**12. DESCRIPTION OF DUTIES**

- a.** Provide a detailed description of your professional work duties by addressing EACH above checked area separately. Use specific language to clearly show extent of your involvement.
- b.** Indicate if the above duties were performed independently, and describe the kind of supervision you received in this position (e.g., frequent and direct, occasional, general, etc.).

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

- 13. SUPERVISORY APTITUDE/EXPERIENCE.** Supervisory aptitude is a requirement. It is the demonstration of aptitude or potential for the performance of supervisory duties. Do you possess supervisory aptitude OR experience? If No, so state. If Yes, provide the following:

- a.** Employer's name and your official job title;
- b.** Number and job titles of those you supervised, if any;
- c.** A detailed description of the professional duties you performed which demonstrated your supervisory aptitude or potential OR experience, if any;
- d.** Dates you performed such duties (Month/year to Month/year); and
- e.** Explain how your duties and level of authority differed from you supervisor.

**14. ADDITIONAL INFORMATION**

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

**\*15. 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