

Department of Health Employment Opportunity



Rev. 1/09/26

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

OPENING DATE: November 26, 2025

LAST DAY TO FILE APPLICATIONS: Continuous

Para Medical Assistant (PMA) I
Recruitment No. 25X038
Position No. Varies
Kalaupapa

Level I \$4,218 per month (HE-02)

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: The primary purpose of this position is to provide direct patient care under the general supervision of a Registered Nurse, Licensed Practical Nurse, or a Physician. Duties and responsibilities include assisting patients with activities of daily living, taking vital stats and reporting significant changes, assisting in admissions, transfers, and discharges, escorting patients to designated areas, assisting with physical examinations and rehabilitation programs, collecting specimen for analysis; assisting with recreational activities; using of medical tools and equipment; and maintaining a clean and safe environment.

Kalaupapa is a small peninsula on the north shore of Molokai. It is severely isolated community surrounded by the ocean on three sides and 2,000-foot cliffs on the fourth side. Access into the Settlement is by a small 5-8 passenger commuter airplane; or on foot down a 26-switchback trail down the sea cliffs. Ocean access is limited to only a few months in the summer when the sea is calm enough to allow boats to dock.

Kalaupapa is a closed community. By law, only persons authorized by the State may enter the Settlement, and minors are not allowed. This means, no one can live in the Settlement unless they are employed by the Settlement, the State or Federal Government, or if they are an official volunteer in the Settlement.

The Settlement is a self-contained community which includes a care home, grocery store, gas station, airport, motor pool, carpenter shop, landfill, State library, U.S. Post Office and over 150 homes and buildings, many on the historic building registry.

- ◆ **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. **Experience Requirement:** Applicants must have had progressively responsible experience of the kind and quality described below, and in the amounts shown below in the following table, or any equivalent combination of training and experience:

PMA I Specialized Experience: For the Para-Medical Assistant I level, no specialized experience is required, although the background of the applicant must show that he/she possesses patience, tact, even temperament in meeting and dealing with others, and productive habits.

Selective Certification: Applicants must possess a valid driver's license. Please attach a copy to your application.

An Equal Opportunity Employer

HOW TO FILE:

Submit **application, resume, and official transcripts** (if applicable) 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 recruitment, 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 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.

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.

Your Present or Last Position	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ Do you supervise? <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

PARA MEDICAL ASSISTANT I (NON-HOSPITAL) (HE-02)
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 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.

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

PARA MEDICAL ASSISTANT I (NON-HOSPITAL) (HE-02)
Supplemental Questionnaire

*** 3. EDUCATION SUBSTITUTION**

Do you have education that would substitute for the required experience as stated in the job announcement? If so, submit copies of your official transcripts at the time of the filing of the application as verification. Copies will not be returned.

- ☐ Yes
☐ No

*** 4. EXPERIENCE REQUIREMENT**

Do you have work experience in health facilities such as hospitals, clinics, health centers and other medically oriented institutions where the primary or basic objective was to provide for the maximum physical, mental and/or emotional health of the patient? All employers listed below should also be listed on your application. Treat each change in employer or position separately. The information for each employer should include:

- a)** The name of your employer;
 - b)** Your position title;
 - c)** Your supervisor's title;
 - d)** Dates of employment (from/to, month/year);
 - e)** Your hours worked per week;
 - f)** A clear, **detailed** description of your duties and responsibilities for each relevant position.
- Be sure to clearly label your responses.

5. ADDITIONAL EXPERIENCE

This experience is not required for this level. This information will be used as part of the training and experience evaluation.

Do you have any experience as a professional nurse, practical nurse or Emergency Medical Technician (EMT), or as a Para-Medical Assistant?

If **Yes**, give the dates (from and to, month and year) and the number of hours worked per week that you officially performed such duties, the employer, your job title, and a short description of such duties.

6. ADDITIONAL QUALIFICATIONS

This is not a requirement for this class of work. This information will be used as part of the training and experience evaluation.

NOTE: Verification of additional training and/or education must be submitted at the time of the filing of the application. Copies will not be returned.

- ☐ I completed a nurse's aide training or comparable program in which a certificate of achievement or completion was awarded.
- ☐ I completed a program of study in Practical Nursing of at least 9 months in which a certificate of achievement or completion was awarded.
- ☐ I completed a program of study in Professional Nursing of at least two years in length.
- ☐ I possess a current Hawaii Practical or Registered Professional Nurse's License.
- ☐ None of the above.

Name _____
Vacancy Number 25X038
Position Number 120440
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PARA MEDICAL ASSISTANT I (NON-HOSPITAL) (HE-02)
Supplemental Questionnaire

*** 7. LANGUAGE PROFICIENCY (IN ADDITION TO ENGLISH)**

Some positions may require the ability to speak, read and write in a language other than English. If you are proficient in a language other than English and are interested in being considered for such positions, select the language(s) you are proficient in. Your proficiency may be tested at the time of interview.

- ☐ Hawaiian
- ☐ Japanese
- ☐ Tagalog
- ☐ Ilocano
- ☐ Mandarin
- ☐ Cantonese
- ☐ American Sign Language (ASL)
- ☐ Vietnamese
- ☐ Chuukese
- ☐ None of the above

*** 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 Additional Information to:

DOH.Employment@doh.hawaii.gov