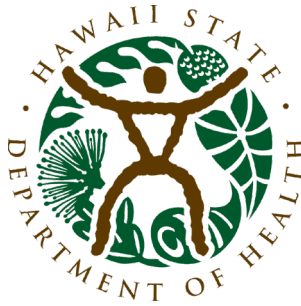




**Disease Outbreak Control Division
Downtown, Oahu**

**COVID-19 Additional Surge Staff (CASS)
Business Analyst**

\$5,713 to \$6,949 per month or higher commensurate with training and experience

Exempt, non-civil service, full-time, temporary appointment. This primary purpose of this position is to support the Immunization Information System Section (IIS) of the Immunization Branch. The position will manage the integration of process and technology to meet immunization program needs for immunization information system (IIS) enhancements, upgrades or replacement. The position will be responsible for creating, maintaining and coordinating project documentation, including current and future state process workflows and business requirements documents. The position will be responsible for ensuring the timely input, review and approval of deliverables from the jurisdiction's perspective to successfully implement the enhanced, upgraded or new IIS.

Minimum Qualifications

EDUCATION: Possession of a bachelor's degree from an accredited college or university in computer science, informatics, public health, or related field.

GENERAL EXPERIENCE: Minimum two (2) years of professional experience in data management and analysis that required an aptitude for planning, development, implementation, and review of large-scale electronic data application systems. Proven management and organizational skills.

SPECIALIZED EXPERIENCE: Broad IT domain experience in three (3) or more of the following areas: applications development, enterprise architecture, project management, vendor management, quality assurance, infrastructure, and maintenance and support.

LICENSE: Possession of a valid Hawaii Driver's license preferred.

Who May Apply

LEGAL AUTHORIZATION TO WORK REQUIREMENT: The State of Hawaii requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

How to Apply

Mail completed State of Hawaii Application for Non-Civil Service Appointment with original signature, cover letter, detailed resume, three (3) references, and salary requirements to:

Department of Health
Disease Outbreak Control Division
PO BOX 3378
Honolulu, Hawaii 96801-3378

Other Information

For additional information, you may email Kimberly.Williams@doh.hawaii.gov.

Recruitment is continuous for position #124066.

This position is exempt from civil service. Employment in such positions are considered to be "at will".

The mission of the Department of Health is to protect and improve the health and environment for all people in Hawaii. Hawaii Department of Health (HDOH) supports a diverse-multicultural workforce that reflects the community, promotes equal opportunity at all levels, and creates an inclusive work environment, free from discrimination.

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL STAFF
TO SELECT CATEGORY.

☐ Exempt ☐ TAOL
☐ 89 Day ☐ _____

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: _____
Last First Middle

OTHER NAMES
USED OR FORMER

4. LAST NAME: _____

MAILING
5. ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

E-MAIL
6. ADDRESS: _____

PHONE
7. NUMBER: _____
Home Other

8. WORK AUTHORIZATION

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

9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?.....☐ YES.....☐ NO

B) Separated from military service under conditions other than honorable?☐ YES.....☐ NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES?☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE?☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?☐ YES.....☐ NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i?☐ YES.....☐ NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

**STATE OF HAWAI'I DEPARTMENT OF HEALTH
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

☐ Exempt ☐ TAOL
☐ 89 Day ☐ _____

1. POSITION TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER or POSITION NUMBER: _____

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____

Last

First

Middle

4. OTHER NAMES
USED OR FORMER
LAST NAME: _____

5. E-MAIL

ADDRESS: _____

6. MAILING

ADDRESS: _____

P.O. Box

or

Number and Street

City

State

Zip Code

7. PHONE NO.: _____

Home

Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT
WRITE
IN THIS
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

(School name/type)

(City/State/Country)

Did you graduate? ☐ Yes ☐ No If no, what grade level did you complete? _____

Did you receive a GED? ☐ Yes ☐ No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: ☐ Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.

☐ No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

10. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Your Present or Last Position	
Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
Do you supervise? ☐ Yes ☐ No If yes, how many employees? _____	May we contact this employer? ☐ Yes ☐ No
Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
Did you supervise? ☐ Yes ☐ No If yes, how many employees? _____	May we contact this employer? ☐ Yes ☐ No
Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ ☐ Full Time ☐ PartTime ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
Did you supervise? ☐ Yes ☐ No If yes, how many employees? _____	May we contact this employer? ☐ Yes ☐ No
Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ ☐ Full Time ☐ Part Time ☐ Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
Did you supervise? ☐ Yes ☐ No If yes, how many employees? _____	May we contact this employer? ☐ Yes ☐ No