



**Disease Outbreak Control Division  
Downtown, Oahu**

**Epidemiologist Wastewater Surveillance  
EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC)**

\$76,788 per annually or higher, salary commensurate with training and experience

Exempt, non-civil service, full-time, temporary appointment. The primary purpose of this position is to study the distribution and determinants of health-related states and events in particular populations as they relate to waterborne diseases and to apply this study to the control of health problems in this subject area. The position will produce data for decision-making and for detecting, understanding, controlling, and preventing food and waterborne diseases in the population.

This position exists to play an active role in analysis of wastewater surveillance data for pathogens of public health significance, with a particular focus on new targets as they are added; to design and implement testing of sampling plans for different scales of wastewater surveillance; to analyze and summarize surveillance data; to write reports; to provide information to health care providers and the public on communicable diseases; and to conduct special studies. Create analysis plans and conduct analysis of wastewater data trends using a combination of R, Tableau, and ArcGIS. Prepare written reports that summarize trends in wastewater data, case data, outbreak data, hospitalization data, and positivity data to understand when trends are increasing and formulate a possible explanation or plan of action. Communicate epidemiologic information by presenting data to public health partners and developing and maintaining written data interpretation guidelines for use by local public health agencies, wastewater utility partners, and the general public. Participates in CDC wastewater data analytic work group calls and webinars. Contribute epidemiological skills to the DOH Wastewater Surveillance Team in data review to interpret trends in wastewater surveillance data and relay information to partners and other entities to support an appropriate public health response. Works collaboratively with staff at the local public health agencies, CDC and other states.

**Minimum Qualifications**

**EDUCATION & EXPERIENCE:** Master's degree in Epidemiology or a Master's Degree in a health-related field for which the candidate completed and passed at least three (3) epidemiological methods courses, one of which must be an advanced level, and at least two (2) biostatistics courses requiring mastery of large datasets and analyses using a statistical software set. Prior training or experience in foodborne disease surveillance/investigation and environmental health is also desirable to support the technical aspects of foodborne disease control and prevention.

**LICENSE:** Valid State of Hawaii driver's license is 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 contact Lindsay Woodward at [lindsay.woodward@doh.hawaii.gov](mailto:lindsay.woodward@doh.hawaii.gov).

Recruitment is continuous until needs are met for position #123891.

This position is exempt from civil service. Employment in such positions is 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 HAWAI‘I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

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



**FOR OFFICIAL USE ONLY  
 DEPARTMENTAL PERSONNEL STAFF  
 TO SELECT CATEGORY.**

- Exempt       TAOL  
 89 Day       \_\_\_\_\_

RECEIVED DATE/TIME STAMP

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

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

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

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

1. \_\_\_\_\_  
 POSITION TITLE APPLYING FOR

2. \_\_\_\_\_  
 RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:  
 \_\_\_\_\_  
 Last                      First                      Middle

OTHER NAMES USED OR FORMER

4. LAST NAME: \_\_\_\_\_

MAILING

5. ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Box      or      Number and Street

\_\_\_\_\_ City                      State                      Zip Code

E-MAIL

6. ADDRESS: \_\_\_\_\_

PHONE

7. NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ Home                      Other

**8. WORK AUTHORIZATION**  
 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 HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

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

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

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

**Within the past five years, were you:**

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

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

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

11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

15. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. SUSPENSION OR REVOCATION OF LICENSE**

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

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

17. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. SETTLEMENTS OR AGREEMENTS**

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

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

19. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

DEPARTMENTAL PERSONNEL  
STAFF TO SELECT CATEGORY

Exempt  TAOL  
 89 Day  \_\_\_\_\_

1. POSITION TITLE APPLYING FOR: \_\_\_\_\_  
2. RECRUITMENT NUMBER or POSITION NUMBER: \_\_\_\_\_

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

3. NAME: \_\_\_\_\_  
Last First Middle  
4. OTHER NAMES USED OR FORMER LAST NAME: \_\_\_\_\_  
5. E-MAIL ADDRESS: \_\_\_\_\_  
6. MAILING ADDRESS: \_\_\_\_\_  
P.O. Box or Number and Street  
City State Zip Code  
7. PHONE NO.: \_\_\_\_\_  
Home Other

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

**DO NOT  
WRITE  
IN THIS  
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)  
(School name/type) \_\_\_\_\_ (City/State/Country) \_\_\_\_\_  
Did you graduate?  Yes  No If no, what grade level did you complete? \_\_\_\_\_  
Did you receive a GED?  Yes  No

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

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

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

A. DRIVER'S LICENSE:  Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.  
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

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

\_\_\_\_\_

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

LANGUAGE	SPEAK	READ	WRITE

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Do not submit a resume in place of completing this page.

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