



**Disease Outbreak Control Division  
Downtown, Oahu**

**Epidemiologist II**

\$81,788 - \$114,180 per year, commensurate with training & experience

Exempt, non-civil service, temporary, full-time appointment. The primary purpose of this position is to study the distribution and determinants of health-related states and events in particular populations and to apply this study to the control of health problems, including the area of infectious diseases, especially related to environmental conditions, and disaster epidemiology. This position provides epidemiologic support for public health preparedness activities and serves as a bridge between DOCD and the Office of Public Health Preparedness. The position will produce data for decision making and for understanding disease in the population. This information is critical for the detection, control, and prevention of existing and emerging infectious diseases.

**Minimum Qualification**

Education & Experience: Doctoral-level epidemiologist; **or**

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 [each qualifying course should have fulfilled a minimum of two (2) credit hours] **and** at least two (2) years of professional level work experience as an Epidemiologist; **or**

Other advanced non-epidemiology professional degree or certification **and** with specific epidemiology training; **or**

Other advanced non-epidemiology professional degree or certification **and** graduate level coursework in epidemiology **and** two (2) years of professional work experience as an epidemiologist.

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**

Submit completed State of Hawai'i Application for Non-Civil Service Appointment, resume, and salary requirements to:

State of Hawaii  
Department of Health  
P.O. Box 3378  
Honolulu, Hawaii 96801-3378  
Attn: Recruitment & Examination

Recruitment is continuous until needs are met for position no. 122304.

**Other Information**

For additional information, you may contact Lindsay Woodward at [lindsay.woodward@doh.hawaii.gov](mailto:lindsay.woodward@doh.hawaii.gov).

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

**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 _____<br>Address _____<br>_____<br>Supervisor's Name and Title _____<br>Company Phone Number _____<br>Company URL Internet Address _____<br>Your Position Title and Duties _____<br>_____<br>_____<br>_____  | From: _____<br>Month Year<br>To: _____<br>Month Year<br><input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer<br>Average hours worked per week _____<br>Reason(s) for leaving _____<br>_____<br>_____<br>_____ |
|  | 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 _____<br>Address _____<br>_____<br>Supervisor's Name and Title _____<br>Company Phone Number _____<br>Company URL Internet Address _____<br>Your Position Title and Duties _____<br>_____<br>_____<br>_____  | From: _____<br>Month Year<br>To: _____<br>Month Year<br><input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer<br>Average hours worked per week _____<br>Reason(s) for leaving _____<br>_____<br>_____<br>_____ |
|  | 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 _____<br>Address _____<br>_____<br>Supervisor's Name and Title _____<br>Company Phone Number _____<br>Company URL Internet Address _____<br>Your Position Title and Duties _____<br>_____<br>_____<br>_____ | From: _____<br>Month Year<br>To: _____<br>Month Year<br><input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer<br>Average hours worked per week _____<br>Reason(s) for leaving _____<br>_____<br>_____<br>_____  |  |
| 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 _____<br>Address _____<br>_____<br>Supervisor's Name and Title _____<br>Company Phone Number _____<br>Company URL Internet Address _____<br>Your Position Title and Duties _____<br>_____<br>_____<br>_____ | From: _____<br>Month Year<br>To: _____<br>Month Year<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer<br>Average hours worked per week _____<br>Reason(s) for leaving _____<br>_____<br>_____<br>_____ |  |
| 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  |  |

## EPIDEMIOLOGIST II (EXEMPT) - 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. **EDUCATION**

Please check the box which best describes your highest level of education. Be sure to provide a copy of your degree (i.e., official transcripts / copy of diploma), identified by job title and IVA number at the filing of your application.

- Doctoral-level Epidemiologist. **Must submit a copy of college diploma.**
- 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 [each qualifying course should have fulfilled a minimum of two (2) credit hours] **and** at least two (2) years of professional level work experience as an Epidemiologist. **Must submit a copy of official college transcripts.**
- Other advanced non-epidemiology professional degree or certification (e.g., MD/OD, DDS/DMD, DVM, or PhD) **and** with specific epidemiology training (e.g., MPH degree or CDC Epidemic Intelligence Service Program). **Must submit a copy of official college transcripts or certification.**
- Other advanced non-epidemiology professional degree or certification (e.g., MD/DO, DDS/DMD, DVM, or PhD) **and** graduate level coursework in epidemiology **and** two years professional work experience as an epidemiologist. **Must submit a copy of official college transcripts or certification.**
- None of the above.

Name \_\_\_\_\_

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

Position Number 122304

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### EPIDEMIOLOGIST II (EXEMPT) - Supplemental Questionnaire

\* 3. **EPIDEMIOLOGIST EXPERIENCE REQUIREMENT**

How many years of professional epidemiologist experience as described in the job announcement do you have? I have \_\_\_\_\_ years of professional epidemiologist experience. Please identify each experience you would like us to consider and provide the following information. **All employers listed below should also be listed on your application. Any information you submit may be verified. Treat each change in employer or position separately. The information for each employer should include:**

**A.** Name of employer, dates of employment, and your job title.

**B.** Description of this employer. Was this a government entity, private firm, private consulting firm, etc.? What specific kinds of services did it provide? To whom (describe clientele)?

**C.** How many departments or sections did this employer have? Which section did you work in? How many and what other staff did you work with (give number and job titles)?

**D.** What was the **primary** function of your position? What were your **major** duties and responsibilities? In your description, avoid the use of vague terms such as "epidemiologist," "conducting research," etc.

**E.** What was the name, job title, and general background of your supervisor?

**F.** How did your responsibilities and authority differ from those of your supervisor?

\* 4. **STAFF ADVISORY EXPERIENCE REQUIREMENT**

Describe in detail your experiences in conducting original epidemiologic studies. Please identify each experience you would like us to consider and provide the following information. **All employers listed below should also be listed on your application. Any information you submit may be verified. Treat each change in employer or position separately. The information for each employer should include:**

**A.** Name of employer, dates of employment, and your job title.

**B.** Description of this employer. Was this a government entity, private firm, private consulting firm, etc.? What specific kinds of epidemiologist services did it provide? To whom (describe clientele)?

**C.** How many departments or sections did this employer have? Which section did you work in? How many and what other staff did you work with (give number and job titles)?

**D.** What was the **primary** function of your position? What were your **major** duties and responsibilities? In your description, avoid the use of vague terms such as "supervised," "consulted," "reviewed work," etc.

**E.** Under which option (a) Supervisor or (b) Senior Specialist (staff advisory) do you feel you qualify? When (date) did you officially assume such duties (give month, year)? Over which positions (give number and job titles)? What were your specific duties as they relate to this requirement (be sure to give relevant examples)?

**F.** What was the name, job title, and general background of your supervisor?

**G.** How did your responsibilities and authority differ from those of your supervisor?

Name \_\_\_\_\_

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

Position Number 122304

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## EPIDEMIOLOGIST II (EXEMPT) - Supplemental Questionnaire

### \* 5. SURVEILLANCE/SCIENTIFIC RESEARCH EXPERIENCE REQUIREMENT

Describe in detail your experiences in conducting surveillance/scientific research. Please identify each experience you would like us to consider and provide the following information. **All employers listed below should also be listed on your application. Any information you submit may be verified. Treat each change in employer or position separately. The information for each employer should include:**

**A.** Name of employer, dates of employment, and your job title.

**B.** Description of this employer. Was this a government entity, private firm, private consulting firm, etc.? What specific kinds of epidemiology services did it provide? To whom (describe clientele)?

**C.** How many departments or sections did this employer have? Which section did you work in? How many and what other staff did you work with (give number and job titles)?

**D.** What was the **primary** function of your position? What were your **major** duties and responsibilities? In your description, avoid the use of vague terms such as "supervised," "consulted," "reviewed work," etc.

**E.** Under which option (a) Supervisor or (b) Senior Specialist (staff advisory) do you feel you qualify? When (date) did you officially assume such duties (give month, year)? Over which positions (give number and job titles)? What were your specific duties as they relate to this requirement (be sure to give relevant examples)?

**F.** What was the name, job title, and general background of your supervisor?

**G.** How did your responsibilities and authority differ from those of your supervisor?

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

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

\* Required Question

Mail or drop off Application, Supplemental Questionnaire and Additional Information to:

Department of Health  
Human Resources Office  
Recruitment & Examinations  
1250 Punchbowl Street, Room 122  
Honolulu, Hawaii 96813



**DEPARTMENT OF HEALTH  
APPLICANT DATA SURVEY**

DOH ADS (Rev. 07/15/20)

In order to meet the requirements as set forth in Federal guidelines, we request your cooperation and assistance in completing the following questions. Participation in the survey is confidential and voluntary. The data will be used for reporting and personnel research purposes only. It will not be released to any hiring program for the purpose of selecting job applicants.

1. Applicant Name: \_\_\_\_\_  
Last Name First Name

2. Recruitment Information: \_\_\_\_\_  
Recruitment Number Job Title

3. Age
- Under 20
  - 20 - 24
  - 25 - 29
  - 30 - 39
  - 40 - 49
  - 50 and over

4. Gender
- Male
  - Female
  - "X" a gender category for non-binary individuals who do not identify exclusively as either male or female

5. Ethnic Background Categories  
Review all categories listed below, and choose the one which you believe best represents your ethnic background.

- Black
- Chinese
- Filipino
- Hawaiian
- Part-Hawaiian
- Japanese
- Korean
- Puerto Rican
- Samoan
- White - Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino or Puerto Rican)
- Mixed (other than Part-Hawaiian)
- Others or Unknown

