



**State Laboratories Division  
Waipahu - Aiea, Oahu**

**Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)  
Information Technology (IT) Specialist**

\$4,600 - \$5,600 per month, salary commensurate w/ training and experience

Exempt, non-civil service, full-time, temporary appointment. This position is responsible for electronic data processing systems analysis, systems design, systems development, systems implementation, and systems maintenance for all computer platforms including microcomputers, minicomputers, and mainframe computers within the Department of Health. This position may lead a team of support personnel on a project level. This position provides consultation in the use and benefit of information technology for a given application or functional area.

**Minimum Qualification(s)**

**EDUCATION:** Education substantially equivalent to graduation from an accredited college or university with major work in information science, business administration, accounting, mathematics or related field.

**EXPERIENCE:** Two (2) to four (4) years of professional IT work experience in office systems and procedures, data processing, feasibility studies, programming and/or systems development. Experience in computer systems analysis or computer programming, including overall technical guidance and leadership, the responsibility for planning, directing, and coordinating the activities of major data processing systems is highly desirable.

**KNOWLEDGE:**

Possess strong relational database (e.g., Access) skill; scanner and scanning programs; Access, Excel, Outlook, Word, and Power Point.

1. Knowledge of coding practices necessary for programming instructions for a computer and peripheral equipment and for testing and debugging programs.
2. Knowledge of statistical analyses methods and techniques, block diagramming, flow charting and procedural report presentation.
3. Knowledge of the limitations, capabilities, uses and service requirements of computer hardware and software and allied equipment, including refining procedures, correcting errors and improving efficiency; terminology, accepted practices and procedures of the programs and systems analyzed.
4. Knowledge of Microsoft Access, SQL, Oracle, visual Basic and/or equivalent relational database and interface technologies (Crystal Reports).

**SKILLS AND ABILITIES:** Ability to analyze and design data capture strategies and methods, write relational database queries, write specifications for data reports and enhancement, good interpersonal skills to work with both MIS staff and end users, operate a variety of office equipment.

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

Department of Health  
State Laboratories Division  
2725 Waimano Home Road  
Pearl City, HI 96782  
Attn: Dean Sakai

Recruitment is continuous until needs are met for position #123452.

**Other Information**

For additional information, you may contact Dean Sakai at (808) 453-6635 or [dean.sakai@doh.hawaii.gov](mailto:dean.sakai@doh.hawaii.gov) Monday – Friday, 7:45 am to 4:30 pm (HST).

This position is exempt from civil service and considered temporary in nature. Therefore, if you are 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 your department head or designee at any time.

**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	