# Department of Health Employment Opportunity



Rev. 11/13/24

Human Resources Office - Recruitment & Examination • 1250 Punchbowl Street, Room 122 • Honolulu, Hawaii 96813

OPENING DATE: November 13, 2024 LAST DAY TO FILE APPLICATIONS: December 3, 2024

Public Health Educator IV Recruitment No. 24X024 Position No. 121173 Manoa - Kahala. Oahu

\$5,258 - \$6,399 per month (SR-22, Step D to I)

<u>Note:</u> 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 <u>for</u> <u>minimum qualifications</u> 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 information management, planning, assessment, policy development and advocacy, assurance, organization, implementation, coordination, and monitoring of prevention initiatives in the field of injury prevention based on the Hawaii Injury Prevention Plan.
- ♦ 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. Basic Education Requirement: Bachelor's degree from an accredited four (4) year college or university.

Excess work experience as described under the Specialized Experience, below, or any other responsible administrative, professional or analytical work experience that provided knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while completing a college or university curriculum leading to a baccalaureate degree may be substituted on a year-for-year basis. To be acceptable, the experience must have been of such scope, level and quality as to assure the possession of comparable knowledge, skills and abilities.

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

2.	Specialized Experience Requirement: Three (3) years of progressively responsible professional work experience in community
	health education which involved educating the public in the prevention of disease and other unhealthy conditions or working as a
	consultant to other professionally trained individuals such as physicians, nurses, social workers and teachers.

3. **Substitution of Education for Experience:** A master's degree in public health from an accredited college or university may be substituted for two (2) years of Specialized Experience. A doctoral degree in public health or a closely related field from an accredited college or university may be substituted for the (3) years of the required experience.

## **HOW TO FILE:**

Submit applications and all required documentation in person or by postal mail to:

Department of Health

Human Resources Office – Recruitment & Examination

1250 Punchbowl Street, Room 122

Honolulu, Hawaii 96813

File applications immediately. Mailed applications and supplemental materials must be postmarked by midnight of the last day to file applications. For continuous recruitments, 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:

- 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.
- 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.

**PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT:** Offers of employment are conditional upon the results of a complete physical examination. For certain job categories, applicants may be referred to a State-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations shall be borne by the applicant and not the State of Hawaii.

**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 <a href="http://hawaii.gov/hrd/main/ecd/mab">http://hawaii.gov/hrd/main/ecd/mab</a>.

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 HAWAI'I 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.
- 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.

A. Are you legally authorized to work in the United

B. Will you now or in the future require sponsorship by

No

1. WORK AUTHORIZATION

States? Yes

Please answer both A and B below:

• 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.

## the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes 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:

3. POSITION TITLE APPLYING FOR						
4	4. RECRUITMENT NUMBER					
5. NAME:			Middle			
6. OTHER NAMES USED OR FORMER LAST NAME:	Last	First	MINITALE			
7. MAILING ADDRESS:						
	P.O. Box o	or Number an	d Street			
City  8. PHONE NUMBER:		State	Zip Code			
	Hon	ne	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 Applican
Date	;	Original	Signature	of Applican

B. Date Separated From Service:

## STATE OF HAWAI'I 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.

19.	or restriction from applying with the State of Hawai'i.)						
18.	SETTLEMENTS OR AGREEMENTS  Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Progra or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i?  (If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your sett	\_YES\_NO					
17.	Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?						
16.	SUSPENSION OR REVOCATION OF LICENSE						
	HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? (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.)						
13.	nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)						
12.	WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? (If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates,	YESNO					
11.							
	(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.)	YES NO					
10.	Within the past five years, were you:  A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?						

## STATE OF HAWAI'I 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:  4. OTHER NAMI USED OR FORMI LAST NAM 5. E-MAIL ADDRESS: 6. MAILING ADDRESS: 7. PHONE NO.:	ER E:	First  Number  State	middle  r and Street  Zip Code  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.  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					1
B. <b>TRAINING:</b> In-service training, business, trade, armed forces, college or univer	rsity, graduate of prof		of Credits	Kind of Degree,	-
NAME & ADDRESS	Field of Stu	*	Completed Quarter	Diploma or Certificate Received	
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					J
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.  D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.					

## STATE OF HAWAI'I 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.

Position	Employer	From: Month Year
Ë	Address	To:
၂ ၀	Supervisor's Name and Title	Full Time Part Time Volunteer
	Company Phone Number	
Last	Company Phone NumberCompany URL Internet Address	Average hours worked per week
	Your Position Title and Duties	Reason(s) for leaving
or	Tour rostrion rue and Duties	.
t l		
se		
Present		
_		·
our	Do you supervise? Yes No If yes, how many employees?	May we contact this employer?  Yes No
گ	Do you supervise: Tes Two If yes, now many employees:	
Е	mployer	From: Month Year
Α	ddress	Month Year
		To:Month Year
S	upervisor's Name and Title	Full Time   Part Time   Volunteer
C	ompany Phone Number	
C	ompany URL Internet Address	Average nours worked per week
Y	our Position Title and Duties	Reason(s) for leaving
l _		
l _		
l _		
_		
_		May we contact this employer? Yes No
	id you supervise? Yes No If yes, how many employees?	
E	mployer	From:Month Year
A	ddress	Month Year To:
		To:Month Year
	upervisor's Name and Title	Full Time Part Time Volunteer
	ompany Phone Number	Average hours worked per week
V	ompany URL Internet Address	Reason(s) for leaving
10	our Position Title and Duties	reason(s) for reaving
_		
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_		M
_	id you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No
	mployer	From: Month Year
A	ddress	To:
_		Month Year
	pervisor's Name and Title	Full Time Part Time Volunteer
	ompany Phone Number	Average hours worked per week
	ompany URL Internet Address	Reason(s) for leaving
Yo	our Position Title and Duties	
-		
-		
D	id you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No

Name	
	Recruitment Number 24X024
	Position Number 121173
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## **PUBLIC HEALTH EDUCATOR IV (SR-22) 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 of my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for the job. 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 Supplemental Questionnaire; however, I may attach it to the application to provide additional information. ☐ I acknowledge I have read and understand the above information 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.

OYes  $\bigcirc$ No

### \*3. EDUCATION-BACHELOR'S DEGREE

Do you possess a bachelor's degree from an accredited university or 4-year college? If yes, you MUST submit a copy of your official transcripts or diploma at the time of the filing of the application. Copies will not be returned.

OYes  $\bigcirc$ No

## \*4. EDUCATION-GRADUATE DEGREE

Do you possess a Master's degree in PUBLIC HEALTH EDUCATION, or a doctoral degree in PUBLIC HEALTH EDUCATION or a CLOSELY related field from an accredited institution? If "Yes," you MUST submit a copy of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned.

(	)	Y	e	s
	)	N	С	)

Name	
	Page 2 of 3

## PUBLIC HEALTH EDUCATOR IV (SR-22) Supplemental Questionnaire cont'd

### \*5. SPECIALIZED EXPERIENCE

Do you have the required professional community health education experience, which included educating the public in the prevention of disease and other unhealthy conditions, and working as a consultant to other professionally trained individuals? If yes, for EACH position listed on the experience portion of your application, for which you wish you receive credit, give the following information. If you are submitting a hard copy paper application provide your responses on attached sheets of paper.

- a. Name of employer
- b. Your job title
- c. COMPLETE dates you held that title (from and to, MONTH and year) and the average number of hours you worked per week
- d. For this employer and position title, give a DETAILED description of your duties in the following areas. Address EACH area SEPARATELY. If your duties not did include an area, indicate "N/A".
- 1. Applying the principles, practices, materials and techniques of public health education;
- 2. Planning, implementing and evaluating health education programs or campaigns. Describe the methods you used to disseminate this health education information to the public;
- 3. Organizing community groups, building coalitions and mobilizing community-based participation to address public health education issues. Give examples of how you collaborated with other groups, organizations, individuals, etc. to plan, develop and implement community health education programs;
- 4. Conducting studies or analyses of community health education problems;
- 5. Providing consultation on community health education methods, issues, etc. to other professionally trained individuals.
- e. If your position included other duties, what percentage of your time was spent on community health education work, as described above? Give your best estimate.

TREAT EACH EMPLOYER OR CHANGE IN POSITION SEPARATELY. CLEARLY LABEL YOUR RESPONSES.

### \*6. **SUPERVISORY APTITUDE**

Do you possess supervisory aptitude? Supervisory aptitude is the demonstration of aptitude or potential for the performance of supervisory duties. If no, so state. If yes, please provide the following information:

- a. Name of employer and your job title
- b. A detailed description of the duties you performed which demonstrated your supervisory aptitude or potential
- c. Dates you performed such duties (from and to, month and year)

### 7. ADDITIONAL INFORMATION

Provide any other information related to this position that you would like us to consider.

Name	
	Page 3 of 3

## PUBLIC HEALTH EDUCATOR IV (SR-22) Supplemental Questionnaire cont'd

### \*8. 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

Mail or hand-carry your Application, Supplemental Questionnaire and Supporting Documents to:

Department of Health Human Resources Office – Recruitment & Examination 1250 Punchbowl Street, Room 122 Honolulu, HI 96813

## **EMPLOYMENT AVAILABILITY INFORMATION**

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

CONFIDENTIAL

1. Name:			2. Social Security Number: XXX-XX 390 (I				90 (DOH Ext), rev. 7/
Last	First	M.I.	DOH Use Only				
3. Recruitment No.	Job Ti	u _	A = =	De:		VP	Dete
3. Recruitment No.	300 11	ue	Acc	Rej	Code(s)	VP	Date
4. I will consider jobs in the lo	cations checked below:				MAUI		
OAHU  Ewa (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)  Waipahu to Aiea (Includes Waikele, Waipio, Pearl City)  Halawa to Kalihi (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapur Sand Island, Iwilei)  Downtown (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)  Manoa to Kahala (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo Aina Haina to Hawaii Kai  Waimanalo to Kailua  Kaneohe to Kualoa (Includes Kahaluu, Waiahole, Waikane)  Kaaawa to Kahuku Includes Punaluu, Hauula, Laie, Kahuku)  North Shore (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)  Wahiawa/ Kunia/ Mililani			•		Wailuku/ Kahului (Includes Puune □ Lahaina □ Maalea/ Kihei/ Wailea □ Hana □ Makawao (Includes Pukalani, Paia, □ Kula  KAUAI □ Lihue (Includes Hanamaulu) □ Kapaa (Includes Wailua, Kealia, Ana □ Hanalei (Includes Kilauea, Princevill □ Waimea (Includes Kokee, Kekaha, Fort Allen, Kalaheo) □ Koloa (Includes Lawai, Omao)	Haiku, Haliimai ahola) le, Haena)	le)
<ul> <li>□ Waianae Coast (Includes Maili, Nanakuli, Waianae, Makaha)</li> <li>HAWAII</li> <li>□ Hilo (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupal</li> <li>□ Honokaa / Hamakua (Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele)</li> <li>□ Kamuela / Kohala / Waikoloa (Includes Halaula, Papaau, Hawi, Kawaihae)</li> <li>□ Kona (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain</li> <li>□ Ka'u (Includes Ocean View, Naalehu, Pahala)</li> <li>□ Puna (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View</li> </ul>			Cook, Honaunau,		LANAI  □ Lanai City  MOLOKAI  □ Kaunakakai (Includes Maunaloa, H  □ Kalaupapa	loolehua, Kuala <sub>l</sub>	ouu)
5. I will accept a job which is:	□ Permar □ Tempor		☐ At a lowe	er rate of pay	1		
6. I would like to be considered for jobs which require driving: ☐ Yes (attach a c☐ No				valid driver's	s license)		
7. How did you hear about thi		☐ Local newspaper☐ Department of Health	n website		☐ Department of Human Resources☐ Word of mouth☐ Other (specify)	Development	website

Note: If you wish to change your availability at a later date, you may do so by completing and submitting a new form to the above address.

## 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:		
2	٨٥٥	Recruitment Number	Job Title
э.	Age		
	☐ Under 20		
	□ 20 - 24		
	□ 25 - 29 □		
	□ 30 - 39		
	☐ 40 - 49 —		
	$\square$ 50 and over		
4	<u>Gender</u>		
7.	☐ Male ☐ Fe		egory for non-binary individuals who xclusively as either male or female
5.	Ethnic Background Review all categor your ethnic backgr	ies listed below, and choose the	one which you believe best represents
	☐ Black		
	☐ Chinese		
	☐ Filipino		
	 ☐ Hawaiian		
	☐ Part-Hawaiian		
	☐ Japanese		
	 □ Korean		
	☐ Puerto Rican		
	☐ Samoan		
	☐ White - Include		cent, including Pakistani and East t (excluding Filipino or Puerto Rican)
	☐ Mixed (other th	an Part-Hawaiian)	
	☐ Others or Unkn	own	