# Department of Health Employment Opportunity



Rev. 02/28/25

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

OPENING DATE: March 3, 2025 LAST DAY TO FILE APPLICATIONS: March 13, 2025

Epidemiological Specialist III-IV Recruitment No. 25X005 Position No. 122422 Downtown, Oahu

\$4,858 to \$5,918 per month (SR-20, Step D to I) \$5,258 to \$6,399 per month (SR-22, Step D to I) Note: 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 for minimum qualifications 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 to plan, organize and perform the most complex investigational and educational epidemiologic activities for disease outbreak control and surveillance.
- ♦ 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. The coursework must have included at least three (3) courses in the biological sciences of which at least one course must be beyond the introductory level. Successful completion of such coursework must demonstrate an aptitude for, and a basic knowledge of the biological sciences.

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 with the above coursework, 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.

**Specialized Experience Requirement: Level III -** One and one-half (1-1/2) years of progressively responsible professional work experience which demonstrated knowledge and application of the principles, practices, methods and techniques used in the identification, prevention and control of communicable diseases. **Level IV -** Two and one-half (1-1/2) years of progressively responsible professional work experience which demonstrated knowledge and application of the principles, practices, methods and techniques used in the identification, prevention and control of communicable diseases. The experience must demonstrate:

<u>Knowledge of:</u> 1) The causes and symptoms, and social and environmental factors affecting the transmission of communicable diseases; 2) Pertinent laws, regulations, administrative rules and policies relating to the reporting and control of communicable diseases; 3) The control methods, medical and epidemiological characteristics of communicable diseases; 4) Investigational, inspectional, educational & motivational methods and techniques; 5) Techniques and precautions in the collection, preparation, recording the transporting of specimens; and 6) Applicable provisions of confidentiality and freedom of information requirements; and the.

<u>Ability to:</u> 1) Conduct investigational & educational activities; 2) Interpret & apply pertinent laws, regulations, rules and policies; 3) Perform various clinical activities; and 4) Establish and maintain effective working relationships with afflicted persons, physicians, other public health personnel & the general public.

For the Epidemiological Specialist III and IV levels, at least one (1) year of the required experience must have been comparable to the next lower level in the State service.

2. **License:** Some positions may require a valid driver's license. Please attach a copy to your application.

### 3. Substitution of Education for Experience:

- 1. A master's degree from an accredited college or university with a major in a biological science, Public Health, or related area, may be substituted for six (6) months of Specialized Experience.
- 2. A master's degree from an accredited college or university with a major in Epidemiology or related area, may be substituted for one and one-half (1-1/2) years of Specialized Experience.
- 3. A Doctorate in Epidemiology, or related area, from an accredited college or university may be substituted for two and one-half (2-1/2) years of Specialized 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.————————————————————————————————————							
4. RECRUITMENT NUMBER							
5. NAME:	Last	First	Middle				
6. OTHER NAMES USED OR FORMER LAST NAME:	Last	1 1151	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.

1	Data	Original	Cianatura	of Applican
	Date	Originai	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 settlements.	\textstyre\te
17.	Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked?  (If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the sboard or organization that suspended or revoked your license; the circumstances of the suspension or revo and any other relevant information you wish to provide.)	<u>.</u>
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.)	·· ···· _
10.	Within the past five years, were you:  A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?  B) Separated from military service under conditions other than honorable?	YES NO

# 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 NAM 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 m for the training and/or your application may be considered incomplete and rejected. Th your qualifications for the position(s) for which you are applying.  A. NAME AND LOCATION (city and state) of last grade school attended: (electron (School name/type)  Did you graduate? Yes No If no, what grade level did you complete the position of the position of last grade school attended: (electron (School name/type))	e information you pro The information ementary, intermedia (City/State	vide in this section wing you submit on the or high school)	ll be used st	rictly in the evaluation of	DO NOT WRITE IN THIS SPACE
Did you receive a GED? Yes No					
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 St	*	Completed Quarter	Diploma or Certificate  Received	
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9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS  A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able No, I do not have a driver's license and/or I are a driver's license.  B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, regist evidence is required, please submit a photocopy or present for verification.	n not interested in bo	eing considered for p	positions w	hich require	
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	or scientific soci			abership in professional os, publications (list but	-

## 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.

		1
Position	EmployerAddress	From: Month Year  To: Month Year
905	Supervisor's Name and Title	Month Year  Full Time Part Time Volunteer
	Company Phone Number	
Last	Company URL Internet Address	
	Your Position Title and Duties	Reason(s) for leaving
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Sé		
Present		
_		Manager and addition and areas Very No.
Your	Do you supervise? Yes No <i>If yes</i> , how many employees?	May we contact this employer?  Yes No
	malayar	1_
Δ	mployerddress	From: Month Year
Λ	ddress	To:
$\bar{S}$	upervisor's Name and Title	Month Year  Full Time Part Time Volunteer
C	ompany Phone Number	
C	ompany URL Internet Address	Average hours worked per week
Y	our Position Title and Duties	Reason(s) for leaving
		reason(s) for reasong
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	id you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No
E	mployer	From:
A	ddress	Month Year
		To:
Si	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
1	our Position Title and Duties	reason(s) for reaving
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_	id you supervise? Yes No If yes, how many employees?	May we contact this employer?    Yes  No
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A	ddress	To:
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	pervisor's Name and Title	Full Time Part Time Volunteer
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Yo	our Position Title and Duties	
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$\overline{\mathbf{D}}$	id you supervise? Yes No If yes, how many employees?	May we contact this employer? Yes No

Name
Vacancy Number 25X005
Position Number 122422
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### EPIDEMIOLOGICAL SPECIALIST III (SR-20) - Supplemental Questionnaire

qu the ap SU ed ob the	estionnaire form will be used in combined qualification requirements. Failure to plication being rejected. PLEASE DO NUPPLEMENTAL QUESTIONNAIRE. YOUR ucation obtained from and/or submitted tained outside the United States must be United States. We also reserve the regram, evidence of comparability, or a	NS. The information provided on this supplemental nation with your application to determine whether you meet provide detailed and complete information may result in you DT SUBMIT A RESUME IN PLACE OF COMPLETING THIS APPLICATION WILL NOT BE ACCEPTED. In general, proof of d through the internet will not be accepted. Education be comparable to education earned at an accredited school in the ght to request further information about your academic or original transcript. Any information you submit may be submitted at the time of the filing of your application.
let nu nu ( <b>a</b>	ter of verification on agency letterhea mber of hours worked, a description of mber. To receive credit for temporary	volunteer experience, applicants should submit an official I. The letter should include the job title, employment dates, the duties performed, and a contact name and phone assignment, you must submit your <b>approved</b> Form 10 uman Resources Officer) to our office at the filing of your
"W de ha ma of to	fork Experience" sections on my applicated description of each position that we read the above statement and und ay result in my application being rejec	tand that I must thoroughly complete the "Education" and ation and the "Supplemental Questionnaire." This includes a I feel qualifies me for this job with the State of Hawaii. I erstand that failure to provide sufficient detailed information ed. I also understand that I may not submit resumes in lieu at questionnaire; however, I may attach it to the application eatement.
<b>u</b> 1		
	nature	Date

If you wish to receive credit for your academic training, you **MUST SUBMIT** a copy of your **OFFICIAL** TRANSCRIPTS, identified by the job title (Epidemiological Specialist III) and IVA number, as verification at the filing of your application. Note: To be creditable, the focus and content of the course must have been substantively devoted to the biological science.

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Name
Vacancy Number 25X005
Position Number 122422
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### **EPIDEMIOLOGICAL SPECIALIST III (SR-20) Supplemental Questionnaire cont'd**

### \* 3. SUBSTITUTION OF EDUCATION FOR EXPERIENCE

Do you possess a Master's or Doctorate degree in a biological science, Public Health, Epidemiology or related area?

If you wish to receive credit for your academic training, you <b>MUST SUBMIT</b> a copy of your <b>OFFICIAL GRADUATE TRANSCRIPTS</b> , identified by the job title (Epidemiological Specialist III) and IVA number, as verification at the filing of your application.   OYes
ONo
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### \* 4. SPECIALIZED EXPERIENCE

This position requires ONE AND ONE-HALF YEARS of professional work experience demonstrating the knowledge and application of the principles, practices, methods and techniques used in the identification, prevention and control of communicable diseases.

If you possess such experience, please provide the following information to address your relevant background:

- **A.** The name of your employer, your job title, complete dates of employment (START/END, MONTH & YEAR), and the average number of hours worked per week.
- **B.** A brief description of this employer, including the type of company (government agency, private research laboratory, etc.), the major sections of the employer, the section your position was located in, the number and type of staff you worked with, the services provided, and the clientele served.
- **C.** The **primary** focus of your position. Give a **detailed description** of your **major duties and responsibilities**, if any, in EACH of the following areas:
- 1) the identification, prevention and control of communicable diseases, including examples of the kinds of diseases and the specific steps you took to identify, prevent or control them;
- 2) the reporting of communicable diseases, including examples of the pertinent laws and rules you worked with, how you dealt with confidentiality issues, etc.;
- **3)** your recognition of the medical and epidemiological characteristics of communicable diseases, and the steps you took to implement appropriate control methods;
- **4)** the investigational, inspectional, educational and motivational methods and techniques you used in the control of communicable diseases; and
- **5)** the techniques used and precautions you took in the collection of samples.

All employers listed here should also be included on your application. Treat each change in employer or position separately

#### \* 5. **DRIVER'S LICENSE**

Do you possess a valid driver's license? If so, you **MUST SUBMIT** a legible copy of your valid **DRIVER'S LICENSE**, identified by the job title (Epidemiological Specialist III) and IVA number, as verification at the filing of your application.

	Yes
C	οMC

Name	
Vacancy Number 25X005	
Position Number 122422	
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### **EPIDEMIOLOGICAL SPECIALIST III (SR-20) Supplemental Questionnaire cont'd**

### **6. SUPERVISORY EXPERIENCE**

This experience is **NOT** required. However, if you possess supervisory experience over other professional staff, please provide the following information:

- A. The name of your employer and your job title;
- **B.** Complete dates (start/end, month & year) you were an official supervisor;
- C. The number and job titles of the employees you supervised; and
- **D.** A specific description of your supervisory duties. Explain how your responsibilities and level of authority differed from those of your supervisor.
- 7. **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 IVA number at the filing of your application.
- \* 8. Supporting documents such as transcripts, driver's license, 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

Name
Vacancy Number 25X005
Position Number 122422
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### EPIDEMIOLOGICAL SPECIALIST IV (SR-22) - Supplemental Questionnaire

questionnaire the qualification be application be SUPPLEMENTA education obt obtained outs the United Sta program, evice	UPPLEMENTAL QU form will be used in on requirements. Fa ing rejected. PLEAS IL QUESTIONNAIRE ained from and/or s de the United State ites. We also reserv ence of comparabili orting documents m	combination with ilure to provide de E DO NOT SUBMIT. YOUR APPLICATI ubmitted through as must be comparte the right to requity, or an original t	your application to the tailed and come	on to determine of plete information PLACE OF COMP BE ACCEPTED. In line to be accepted on earned at an ormation about your formation you	whether you meet n may result in you PLETING THIS n general, proof of d. Education accredited school i our academic submit may be
letter of verifi number of ho number. To r	dit for substitute, or cation on agency let urs worked, a descri eceive credit for ten y your supervisor an	terhead. The lette iption of the duties nporary assignmer	r should include s performed, ar nt, you must su	e the job title, end and a contact name bomit your <b>appro</b>	mployment dates, le and phone oved Form 10
"Work Experied detailed describave read the may result in of filling out to provide additional description of the control of t	for this position, I nce" sections on minipion of each position above statement a my application being application or suplitional information.	y application and t on that I feel quali nd understand tha g rejected. I also u oplement question	he "Supplemer ifies me for this t failure to prov understand that	Ital Questionnair is job with the Stavide sufficient de I may not subn	e." This includes a ate of Hawaii. I stailed information nit resumes in lieu
■ I acknowled	ge I have read the a	above statement.			
Signature			Date		
. EDUCATION					
	s a Bachelor's degr one is beyond the i			courses in the bio	ological sciences, c

If you wish to receive credit for your academic training, you **MUST SUBMIT** a copy of your **OFFICIAL** TRANSCRIPTS, identified by the job title (Epidemiological Specialist IV) and IVA number, as verification at the filing of your application. Note: To be creditable, the focus and content of the course must have been substantively devoted to the biological science.

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Name
Vacancy Number 25X005
Position Number 122422
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### **EPIDEMIOLOGICAL SPECIALIST IV (SR-22)** Supplemental Questionnaire cont'd

### \* 3. SUBSTITUTION OF EDUCATION FOR EXPERIENCE

Do you possess a Master's or Doctorate degree in a biological science, Public Health, Epidemiology or related area?

If you wish to receive credit for your academic training, you <b>MUST SUBMIT</b> a copy of your <b>OFFICIAL GRADUATE TRANSCRIPTS</b> , identified by the job title (Epidemiological Specialist IV) and IVA number, as verification at the filing of your application.
OYes
ONo
SDECTALIZED EXPEDIENCE

#### 4. SPECIALIZED EXPERIENCE

Do you have at least two and one-half years of work experience as described in the job announcement? If so, please identify each employer and position you would like us to consider and provide the following information. All employers listed below should also be listed on your application. Treat each change in employer or position separately. The information for each employer should include:

- A. Name of employer. Was this a government agency, university or private research lab, etc.? What kinds of services did it provide?
- B. The major departments or sections of this employer. Which department did you work in? How many and what kinds of staff did you work with?
- C. The primary function of your position. What were your major duties and responsibilities?
- **D.** A description of your duties and responsibilities, if any, in EACH of the following areas: 1) the identification, prevention and control of communicable diseases, including examples of the kinds of diseases and the specific steps you took to identify, prevent or control them; 2) the reporting of communicable diseases, including examples of the pertinent laws and rules you worked with, how you dealt with confidentiality issues, etc.; 3) your recognition of the medical and epidemiological characteristics of communicable diseases, and the steps you took to implement appropriate control methods; 4) the investigational, inspectional, educational and motivational methods and techniques you used in the control of communicable diseases; and 5) the techniques used and precautions you took in the collection of samples.
- **E.** A description of your supervisory duties, if any, including the number and job titles of positions you supervised. Also describe how your supervisory duties differed from those of your own supervisor.

### \* 5. **DRIVER'S LICENSE**

Do you possess a valid driver's license? If so, you <b>MUST SUBMIT</b> a legible copy of your valid
DRIVER'S LICENSE, identified by the job title (Epidemiological Specialist IV) and IVA number, as
verification at the filing of your application.

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Name	
Vacancy Number 25X005	
Position Number 122422	
Page 3 of 3	

### **EPIDEMIOLOGICAL SPECIALIST IV (SR-22) Supplemental Questionnaire cont'd**

### 6. SUPERVISORY EXPERIENCE

This experience is **NOT** required. However, if you possess supervisory experience over other professional staff, please provide the following information:

- A. The name of your employer and your job title;
- **B.** Complete dates (start/end, month & year) you were an official supervisor;
- C. The number and job titles of the employees you supervised; and
- **D.** A specific description of your supervisory duties. Explain how your responsibilities and level of authority differed from those of your supervisor.
- 7. **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 IVA number at the filing of your application.
- \* 8. Supporting documents such as transcripts, driver's license, 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

### **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				90 (DOH Ext), rev. 7/	
Last	First	M.I.			DOH Use Only			
3. Recruitment No.	Job Ti	41 -	A = =	De:		VP	Data	
3. Recruitment No.	300 11	ue	Acc	Rej	Code(s)	VF	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, Mapunapuna, Kapasand Island, Iwilei)  Downtown (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)  Manoa to Kahala (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waiali 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  Waianae Coast (Includes Maili, Nanakuli, Waianae, Makaha)					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)	ile)	
HAWAII  Hilo (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe) Honokaa / Hamakua (Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele) Kamuela / Kohala / Waikoloa (Includes Halaula, Papaau, Hawi, Kawaihae) Kona (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau) Ka'u (Includes Ocean View, Naalehu, Pahala) Puna (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)					LANAI  □ Lanai City  MOLOKAI  □ Kaunakakai (Includes Maunaloa, H  □ Kalaupapa	loolehua, Kuala	puu)	
5. I will accept a job which is:	□ Permar □ Tempo		☐ At a lowe	er rate of pay	,			
6. I would like to be considered	ed for jobs which require c	Iriving: ☐ Yes (attach a	a copy of your	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	