

Department of Health Employment Opportunity



Rev. 09/04/25

Human Resources Office – Recruitment & Examination • 1250 Punchbowl Street, Room 123 • Honolulu, Hawaii 96813

OPENING DATE: September 29, 2025

LAST DAY TO FILE APPLICATIONS: Continuous

Program Specialist III, IV, VI
Recruitment No. 25X026
Position No. Varies
Neighbor Islands

Level III \$4,961 - \$6,043 per month (SR-20, Step D to I)

Level IV \$5,369 - \$6,535 per month (SR-22, Step D to I)

Level VI \$6,535 - \$7,952 per month (SR-26, 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: Program Specialist III assist a higher-level specialist(s) by performing assignments of limited scope and complexity. Such assignments include, but are not limited to, conducting studies and analyses of projects of limited scope, or segments of larger studies or projects; participating in the monitoring or review of program operations for the purpose of assisting in program evaluation or quality assurance activities; or participating in technical consultation activities by explaining State and federal laws, agency rules and regulations to staff in the operating program(s). Positions may also participate in one or more administrative and staff support activities such as budget formulation, grants or contracts management, staff development, development of legislation, and provision of advisory services to line staff and others on new or revised techniques, processes and procedures, policy interpretation, etc. Work is performed independently, under the general supervision of a higher-level specialist or program supervisor. Completed work is in the form of recommendations and is reviewed for consistency with State and federal requirements. Difficult, unprecedented and controversial issues are referred to the supervisor for discussion and guidance. Positions may also perform work of the next higher level under closer supervision and direction.

Program Specialist IV performs the full range of program planning and development activities, in support of an agency's program. The work of positions in this class ranges from assignments of moderate complexity, such as the routine review of program operations to ensure that program objectives are being met, to the highly complex assignments of the next higher level. However, the primary work of positions in this class regularly involves complex assignments such as the development of new policies or standards that impact the agency and the interrelationships of its programs, and the development of comprehensive reports of findings and conclusions. Some positions may supervise lower-level program specialists and/or other workers. At this level, positions are usually responsible for one or more administrative and staff support activities such as budget formulation, grants or contracts management, staff development, development of legislation, provision of advisory services to line staff and others on new or revised techniques, processes and procedures, policy interpretation, etc. Work is performed independently, under general supervision of a higher-level specialist or program supervisor. Completed work products that may serve as precedents are given closer supervisory review. The specialist is responsible for seeking supervisory guidance as needed.

Program Specialist VI are supervisors of program development and/or evaluation services of such size and scope as to require a staff of program specialists with at least one specialist performing work comparable to the Program Specialist V level, and which may

include subordinate supervisors.

- ◆ **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. **Education Requirement:** Graduation from an accredited four (4) year college or university with a bachelor's degree.

2. **General Experience Requirement: (Level III-VI)** One and one-half (1-1/2) years of progressively responsible professional work experience which required a high degree of analytical skill. Such experience must have involved gathering, evaluating and analyzing facts and other pertinent information required to resolve problems and/or to determine and recommend appropriate courses of action.

3. **Specialized Experience Requirement:**

- **(Level III):** None.
- **(Level IV):** One (1) year of progressively responsible professional experience in one or a combination of the following:
 - A. Type 1: Professional work experience in any field which involved work such as monitoring, evaluating, or conducting studies and analyses of programs or projects to make recommendations for the development or revision of standards, policies, procedures, or techniques; gathering and analyzing data to determine conformance with standards and requirements and recommending improvements or developing training materials; and giving technical advice and direction pertaining to program standards, requirements, or techniques.
 - B. Type 2: Professional experience in a pertinent field/program area related to the agency's/program's role, function, operations, and/or program activities which provided knowledge of principles and practices, current issues and concerns of the identified field/program area and State and federal agencies, community, resources and services that interact with and have an impact on the agency's programs and activities.
- **(Level VI):** Two (2) years of progressively responsible professional experience in one or a combination of the following:
 - A. Type 1: Professional work experience in any field which involved work such as monitoring, evaluating, or conducting studies and analyses of programs or projects to make recommendations for the development or revision of standards, policies, procedures, or techniques; gathering and analyzing data to determine conformance with standards and requirements and recommending improvements or developing training materials; and giving technical advice and direction pertaining to program standards, requirements, or techniques.
 - B. Type 2: Professional experience in a pertinent field/program area related to the agency's/program's role, function, operations, and/or program activities which provided knowledge of principles and practices, current issues and concerns of the identified field/program area and State and federal agencies, community, resources and services that interact with and have an impact on the agency's programs and activities.

4. **Supervisory Aptitude or Experience Requirement:**

- **(Level III):** None.
- **(Level IV-V):** Applicant must possess supervisory aptitude. Supervisory aptitude is the demonstration of aptitude or potential for the performance of supervisory duties through successful completion of regular or special assignments which involve some supervisory responsibilities or aspects; by serving as a group or team leader, or in similar work in which opportunities for demonstrating supervisory capabilities exist; by the completion of training courses in supervision accompanied by application of supervisory skills in work assignment; or by favorable appraisals by a supervisor indicating the possession of supervisory potential.
- **(Level VI):** One (1) year supervisory work experience which included: 1) planning, organizing, scheduling, and directing the work of others; 2) assigning and reviewing their work; 3) advising them on difficult work problems; 4) training and developing subordinates; and 5) evaluating their work performance, and disciplining them when necessary.

5. **Driver's License:** A valid driver's license is required for some positions at the time of appointment.

- **Substitutions Allowed:** Possession of a master's degree from an accredited college or university may be substituted for one (1) year of General Experience. Excess Specialized Experience may be substituted for the General Experience on a year-for-year basis.

6. **Selective Certification:** Specialized knowledge, skills and abilities may be required to perform the duties of some positions. For such positions, Selective Certification Requirements may be established and certification may be

restricted to eligibles who possess the pertinent experience and/or training required to perform the duties of the position.

HOW TO FILE:

Submit applications and all required documentation [via email](#) to:

DOH.Employment@doh.hawaii.gov

File applications immediately. E-mailed applications and supplemental materials must be submitted 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:

1. 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.
3. 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.

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 <http://hawaii.gov/hrd/main/ecd/mab>.

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 HAWAII 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 via e-mail (DOH.Employment@doh.hawaii.gov).
- 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. 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

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: _____

B. Date Separated From Service: _____

3. _____
POSITION TITLE APPLYING FOR

4. _____
RECRUITMENT NUMBER

5. NAME: _____
Last First Middle

6. OTHER
NAMES USED
OR FORMER
LAST NAME: _____

7. MAILING
ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

8. PHONE
NUMBER: _____
Home 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 Applicant

STATE OF HAWAII 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.

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 HAWAII 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: _____

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.

STATE OF HAWAII 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.

Your Present or Last Position	Employer _____ Address _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ _____ _____ 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 _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ _____ _____ 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 _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ _____ _____ 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 _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees? _____	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 _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM SPECIALIST III (SR-20)
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.

- ☐ Yes
☐ No

***3. EDUCATION REQUIREMENT**

Do you possess a Bachelor's degree from an accredited four-year university or college? If No, so state. 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.

- ☐ Yes
☐ No

***4. ALLOWABLE SUBSTITUTIONS FOR EXPERIENCE**

Do you have education as stated in the job announcement to be substituted for experience? If Yes, you **MUST** submit copies of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned.

- ☐ Yes
☐ No

**PROGRAM SPECIALIST III (SR-20)
Supplemental Questionnaire cont'd**

***5. GENERAL EXPERIENCE REQUIREMENT**

Do you have at least ONE AND ONE-HALF years of progressively responsible professional work which required a high degree of analytical skill as described earlier in the job announcement? If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in your application:

- a. Employer's name;
- b. Your official job title and compensation level (e.g., SR/EM/GS, as applicable)
- c. Average number of hours per week spent SOLELY on the above analytical duties; and
- d. Name and professional job title of your immediate supervisor.
- e. Describe this employer or agency (private or governmental), the services provided, and types of customers served.
- f. Describe your work setting. What was the **primary function** of your position?
- g. Describe how your work involved gathering, evaluating, and analyzing facts and other relevant information required to resolve problems. Describe and give examples of the types of issues you identified and analyzed. How did you use data and information gathered to determine and recommend appropriate courses of action? What types of problem-solving methods and techniques did you apply in order to prepare concise written reports of your findings and recommendations?
- h. What type of supervision did you receive (e.g., close and constant, indirect and occasional, independent worker, or supervisor)?

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

6. ADDITIONAL INFORMATION

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

***7. 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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

DOH.Employment@doh.hawaii.gov

PROGRAM SPECIALIST 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.

- ☐ Yes
☐ No

***3. EDUCATION REQUIREMENT**

Do you possess a Bachelor's degree from an accredited four-year university or college? If No, so state. 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.

- ☐ Yes
☐ No

***4. ALLOWABLE SUBSTITUTIONS FOR EXPERIENCE**

Do you have education as stated in the job announcement to be substituted for experience? If Yes, you **MUST** submit copies of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned.

- ☐ Yes
☐ No

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

***5. GENERAL EXPERIENCE REQUIREMENT**

Do you have at least ONE AND ONE-HALF years of progressively responsible professional work which required a high degree of analytical skill as described earlier in the job announcement? If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in your application:

- a. Employer's name;
- b. Your official job title and compensation level (e.g., SR/EM/GS, as applicable)
- c. Average number of hours per week spent SOLELY on the above analytical duties; and
- d. Name and professional job title of your immediate supervisor.
- e. Describe this employer or agency (private or governmental), the services provided, and types of customers served.
- f. Describe your work setting. What was the **primary function** of your position?
- g. Describe how your work involved gathering, evaluating, and analyzing facts and other relevant information required to resolve problems. Describe and give examples of the types of issues you identified and analyzed. How did you use data and information gathered to determine and recommend appropriate courses of action? What types of problem-solving methods and techniques did you apply in order to prepare concise written reports of your findings and recommendations?
- h. What type of supervision did you receive (e.g., close and constant, indirect and occasional, independent worker, or supervisor)?

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

***6. PROGRAM SPECIALIST EXPERIENCE REQUIREMENT**

Do you have at least ONE year of responsible professional experience in ANY field which involved work such as monitoring, evaluating, or conducting studies and analyses of programs or projects as described earlier in the job announcement? If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in your application:

- a. Employer's name;
- b. Your official job title and compensation level (e.g., SR/EM/GS, as applicable);
- c. Complete dates of employment (Month/year to Month/year);
- d. Average number of hours per week spent SOLELY on the above duties; and
- e. Name and professional job title of your immediate supervisor.
- f. Describe this employer or agency (private or governmental), the services provided, and types of customers served.
- g. Which department did you work in? How many and what kind of professional staff were employed (give number and job titles)?
- h. Describe your work setting. What was the **primary** function of your position?
- i. Describe your knowledge of and involvement in EACH of the following areas:
 - 1) What types of data did you gather and analyze? For which particular area of the program? What steps did you undertake to determine conformance with standards and requirements and recommend improvements?
 - 2) What training materials did you develop and for whom?
 - 3) Describe the technical advice and direction you provided pertaining to program standards, requirements, or techniques. To whom did you provide such services?; and
 - 4) If applicable, describe in detail your involvement and professional role in any other aspects of program specialist work.

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

PROGRAM SPECIALIST IV (SR-22)
Supplemental Questionnaire cont'd

***7. SUPERVISORY APTITUDE/EXPERIENCE**

Supervisory aptitude is a requirement. It is the demonstration of aptitude or potential for the performance of supervisory duties. Do you possess supervisory aptitude OR experience? If No, so state. If Yes, provide the following:

- a. Employer's name and your official job title;
- b. Number and job titles of those you supervised, if any;
- c. A detailed description of the professional duties you performed which demonstrated your supervisory aptitude or potential OR experience, if any;
- d. Dates you performed such duties (Month/year to Month/year); and
- e. Explain how your duties and level of authority differed from your supervisor.

8. ADDITIONAL INFORMATION

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

***9. 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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

DOH.Employment@doh.hawaii.gov

PROGRAM SPECIALIST VI (SR-26)
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.

- ☐ Yes
☐ No

***3. EDUCATION REQUIREMENT**

Do you possess a Bachelor's degree from an accredited four-year university or college? If No, so state. 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.

- ☐ Yes
☐ No

***4. ALLOWABLE SUBSTITUTIONS FOR EXPERIENCE**

Do you have education as stated in the job announcement to be substituted for experience? If Yes, you **MUST** submit copies of your OFFICIAL transcripts at the time of the filing of the application. Copies will not be returned.

- ☐ Yes
☐ No

PROGRAM SPECIALIST VI (SR-26)
Supplemental Questionnaire cont'd

***5. GENERAL EXPERIENCE REQUIREMENT**

Do you have at least ONE AND ONE-HALF years of progressively responsible professional work which required a high degree of analytical skill as described earlier in the job announcement? If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in your application:

- a. Employer's name;
- b. Your official job title and compensation level (e.g., SR/EM/GS, as applicable)
- c. Average number of hours per week spent SOLELY on the above analytical duties; and
- d. Name and professional job title of your immediate supervisor.
- e. Describe this employer or agency (private or governmental), the services provided, and types of customers served.
- f. Describe your work setting. What was the **primary function** of your position?
- g. Describe how your work involved gathering, evaluating, and analyzing facts and other relevant information required to resolve problems. Describe and give examples of the types of issues you identified and analyzed. How did you use data and information gathered to determine and recommend appropriate courses of action? What types of problem-solving methods and techniques did you apply in order to prepare concise written reports of your findings and recommendations?
- h. What type of supervision did you receive (e.g., close and constant, indirect and occasional, independent worker, or supervisor)?

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

***6. PROGRAM SPECIALIST EXPERIENCE REQUIREMENT**

Do you have at least TWO years of responsible professional experience in ANY field which involved work such as monitoring, evaluating, or conducting studies and analyses of programs or projects as described earlier in the job announcement? If No, so state. If Yes, provide ALL of the following for EACH relevant employer listed in your application:

- a. Employer's name;
- b. Your official job title and compensation level (e.g., SR/EM/GS, as applicable);
- c. Complete dates of employment (Month/year to Month/year);
- d. Average number of hours per week spent SOLELY on the above duties; and
- e. Name and professional job title of your immediate supervisor.
- f. Describe this employer or agency (private or governmental), the services provided, and types of customers served.
- g. Which department did you work in? How many and what kind of professional staff were employed (give number and job titles)?
- h. Describe your work setting. What was the **primary** function of your position?
- i. Describe your knowledge of and involvement in EACH of the following areas:
 - 1) What types of data did you gather and analyze? For which particular area of the program? What steps did you undertake to determine conformance with standards and requirements and recommend improvements?
 - 2) What training materials did you develop and for whom?
 - 3) Describe the technical advice and direction you provided pertaining to program standards, requirements, or techniques. To whom did you provide such services?; and
 - 4) If applicable, describe in detail your involvement and professional role in any other aspects of program specialist work.

If your write up is unclear, you may be asked to provide a copy of your official Job/Position Description.

PROGRAM SPECIALIST VI (SR-26)
Supplemental Questionnaire cont'd

***7. SUPERVISORY EXPERIENCE REQUIREMENT**

Do you have at least ONE year of supervisory work experience? If No, so state. If Yes, provide the following for each relevant employer:

- a.** Dates you were an official supervisor (Month/year to Month/year);
- b.** Number and job titles of those you supervised, and the areas of their responsibilities;
- c.** The average number of hours spent SOLELY on supervisory work;
- d.** A detailed description of your work which included:
 - 1) planning, organizing, scheduling, and directing the work of others;
 - 2) assigning and reviewing their work;
 - 3) advising them on difficult work problems;
 - 4) training and developing subordinates;
 - 5) evaluating their work performance, and disciplining them when necessary; and
- e.** Explain how your duties and level of authority differed from your supervisor.

8. ADDITIONAL INFORMATION

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

***9. 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

E-mail your Application, Supplemental Questionnaire and Supporting Documents to:

DOH.Employment@doh.hawaii.gov