



## Environmental Management Division Waipahu to Aiea, Oahu

### EMIP STRATEGIC PROGRAM DEVELOPMENT MANAGER

\$9,142 - \$14,625 per month, salary commensurate w/ training and experience

Exempt, non-civil service appointment. The purpose of the Environmental Management Infrastructure Project (EMIP) is to support the implementation and ensure capacity to implement environmental recovery projects, after disasters and emergencies to protect Hawaii's water, land and air and mitigate their impact on public health. These environmental and public health protection efforts include managing traditional environmental pollutants and hazards.

The purpose of this position is to provide strategic, high-level management support for complex or specialized programs and projects, working with technical team members, subject matter experts, analysts, business and vendors in providing overall program and project directions, planning, analysis, coordination, implementation, execution, control and completion activities to support the Environmental Management Division's strategic, technical and programmatic needs.

#### **Minimum Qualification(s)**

**EDUCATION:** Graduation from an accredited four (4) year college or university with a bachelor's degree. Applicable substitutions may apply.

**EXPERIENCE:** Five (5) years of progressively responsible professional experience in at least three of the following areas: strategic planning, program assessment and development, formative and outcome evaluations, business process improvement and/or experience managing several large or complex projects.

**LICENSES:** Possession of a valid State of Hawaii Driver's License is preferred.

#### **Who May Apply**

**LEGAL AUTHORIZATION TO WORK REQUIREMENT:** The State of Hawaii requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

#### **How to Apply**

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

Department of Health  
Environmental Management Division  
2827 Waimano Home Road, Rm 234  
Pearl City, HI 96782

#### **Other Information**

For additional information, interested applicants may contact Joanna L. Seto, P.E. at 808-586-4304, or [joanna.seto@doh.hawaii.gov](mailto:joanna.seto@doh.hawaii.gov).

Recruitment is continuous until needs are met for position **#125502**.

This position is eligible for a hybrid telework work schedule after completion of six months of credible service and upon approval by the supervisor.

This position is exempt from civil service and considered temporary in nature. Therefore, if you are appointed to the position, your employment will be considered to be "at will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

The mission of the Department of Health is to protect and improve the health and environment for all people in Hawaii. Hawaii Department of Health supports a diverse-multicultural workforce that reflects the community, promotes equal opportunity at all levels, and creates an inclusive work environment, free from discrimination.

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH  
Human Resources Office – Recruitment & Examination  
1250 Punchbowl Street, Room 122  
Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY  
DEPARTMENTAL PERSONNEL STAFF  
TO SELECT CATEGORY.

Exempt       TAOL  
 89 Day       \_\_\_\_\_

RECEIVED DATE/TIME STAMP

## GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

1. \_\_\_\_\_  
POSITION TITLE APPLYING FOR

2. \_\_\_\_\_  
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

  Last           First           Middle

OTHER NAMES  
USED OR FORMER

4. LAST NAME: \_\_\_\_\_

MAILING  
5. ADDRESS: \_\_\_\_\_

  P.O. Box   or   Number and Street

  City           State           Zip Code

E-MAIL  
6. ADDRESS: \_\_\_\_\_

PHONE  
7. NUMBER: \_\_\_\_\_  
  Home           Other

## 8. WORK AUTHORIZATION

Please answer both A and B below:

A. Are you legally authorized to work in the United States? Yes      No

B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes      No

## 9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

## CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_

Original Signature of Applicant

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

*The information on pages 1 and 2 will not be released to persons involved in the appointment process.*

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

## 10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? .....  YES .....  NO  
B) Separated from military service under conditions other than honorable? .....  YES .....  NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY

OFFENSE RELATED TO CONTROLLED SUBSTANCES? .....  YES .....  NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? ..... YES ..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? .....  YES .....  NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? .....  YES .....  NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF HAWAII DEPARTMENT OF HEALTH  
EDUCATION AND EMPLOYMENT HISTORY**

**STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

**1. POSITION TITLE APPLYING FOR:**

**2. RECRUITMENT NUMBER or POSITION NUMBER:**

**FOR OFFICIAL USE ONLY**

DEPARTMENTAL PERSONNEL  
STAFF TO SELECT CATEGORY

Exempt  TAOL

89 Day  \_\_\_\_\_

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.

<b>3. NAME:</b>	Last	First	Middle
<b>4. OTHER NAMES USED OR FORMER</b>			
<b>LAST NAME:</b>			
<b>5. E-MAIL</b>			
<b>ADDRESS:</b>			
<b>6. MAILING</b>			
<b>ADDRESS:</b>	P.O. Box	or	Number and Street
<b>7. PHONE NO.:</b>	City	State	Zip Code
	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.

**A. NAME AND LOCATION** (city and state) of last grade school attended: (elementary, intermediate or high school)

(School name/type)

(City/State/Country)

Did you graduate?  Yes  No If no, what grade level did you complete? \_\_\_\_\_

Did you receive a GED?  Yes  No

**B. TRAINING:** In-service training, business, trade, armed forces, college or university, graduate of professional schools.

**NAME & ADDRESS**

Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
	Semester	Quarter	

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

**A. DRIVER'S LICENSE:**  Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.

No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

**B. OTHER LICENSES OR CERTIFICATES:** Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

**C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH:** List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

**D. SPECIAL QUALIFICATIONS:** Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

**EDUCATION AND EMPLOYMENT HISTORY**  
**STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

**10. EXPERIENCE:** Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

**Do not submit a resume in place of completing this page.**

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 <i>If yes, how many employees?</i> _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____  _____ _____ _____  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 <i>If yes, how many employees?</i> _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____  _____ _____ _____  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 <i>If yes, how many employees?</i> _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____  _____ _____ _____  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 <i>If yes, how many employees?</i> _____	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____  _____ _____ _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No