



Current employees of the State of Hawaii, Executive Branch, with membership in the civil service may request an Inter-Departmental Transfer to the Department of Health (DOH). Such requests are **limited to lateral transfers and demotions**. Those considering such movements should visit their current personnel office to inquire about the potential impact on current status and/or salary.

Requests for Inter-Departmental Transfer are commonly accepted for the following classes of work:

- Office Assistant II, III & IV
- Registered Nurse II, III & IV (General Duty)
- Social Worker or Human Services Professional II, III & IV

If you would like to request an Inter-Departmental Transfer, please complete and submit the attached:

- application for **Competitive Internal Recruitment** (HRD 315A); and
- **Employment Availability Information** form (390 DOH Ext)

and submit (to the address on the application) along with copies of the following:

- your latest Employee Personnel Action Report reflecting membership in the civil service;
- your valid driver's license; and
- your valid vocational license if required for the job you are applying for (e.g. Registered Nurse).

The DOH Recruitment Office will contact you if additional information is required to complete your request. Call the DOH Recruitment Office at 586-4514, or e-mail (to be announced), if you have questions on the Inter-Departmental Transfer process.

Accepted applications are valid for a period of 6 months, or the date on which the applicant's civil service membership terminates, whichever occurs sooner. However, as the Inter-Departmental Transfer Program may end before the applicant's eligibility expires, **applicants are advised to also apply externally via the Department of Human Resources Development (DHRD) website** so that they may continue to be referred. Please visit the DHRD website at <http://agency.governmentjobs.com/hawaii> to check for an appropriate recruitment. Contact DHRD at 587-0936 if you have questions on the online application process.

COMPETITIVE INTERNAL RECRUITMENT

DEPARTMENT OF HEALTH
 Human Resources Office
 1250 Punchbowl Street, Room 122
 Honolulu, Hawaii 96813



FOR OFFICIAL USE ONLY
 DEPARTMENTAL PERSONNEL
 STAFF TO SELECT CATEGORY.

- Internal Recruitment
- Other: (state below)

RECEIVED DATE/TIME STAMP

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

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

- This application form is to be used by employees who have gained membership in the civil service when applying for a permanent or temporary, civil service position within this department. THIS FORM IS NOT TO BE USED FOR RECRUITMENTS ISSUED BY DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT.
- Before applying, read the job requirements described in the job announcement provided by this department carefully to determine if you qualify for the job.
- Any required forms described in the job announcement may be obtained from this department.
- 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, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and accompanying material are confidential and become our property. Keep copies for your 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. _____
 JOB TITLE APPLYING FOR

2. Inter-Departmental Transfer
 RECRUITMENT NUMBER

3. NAME: _____
 Last First Middle

OTHER NAMES USED

4. OR FORMER LAST NAME: _____

5. MAILING ADDRESS: _____
 P.O. Box or Street Address

6. _____
 City State Zip Code

7. E-MAIL ADDRESS: _____

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

For Personnel Office Use Only:

COMPETITIVE INTERNAL RECRUITMENT

The information on this page will not be released to persons involved in the appointment process.

Information requested in items 10 through 17 is needed to make determinations on your suitability for employment. Convictions, 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 indicate in item #11 below, the date 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. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? YES NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #13 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? YES NO

C) 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 question 12A, 12B, or 12C, indicate 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. 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 indicate in item #15 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.)

15. _____

16. 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 Hawaii? YES NO

(If you answer "Yes," to question 16, please explain in detail in item #17 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

17. _____

COMPETITIVE INTERNAL RECRUITMENT DEPARTMENT OF HEALTH

FOR OFFICIAL USE ONLY	
DEPARTMENTAL PERSONNEL STAFF TO SELECT CATEGORY.	
<input type="checkbox"/> Internal Recruitment	
<input type="checkbox"/> Other _____	

1. JOB TITLE APPLYING FOR: _____

2. RECRUITMENT NUMBER APPLYING FOR: Inter-Departmental Transfer

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: OTHER NAMES USED OR FORMER

Last	First	Middle
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4. LAST NAME: _____

MAILING

5. ADDRESS: _____

P.O. Box	or	Street Address
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6. _____

City	State	Zip Code
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E-MAIL

7. ADDRESS: _____

8. PHONE NO.: _____

Home	Other
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9. EDUCATION: 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: ___

DO NOT WRITE IN THIS SPACE

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	Date Received
	Semester	Quarter				

10. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: ___ No: ___

DRIVER'S LICENSE # _____ State: _____ Class/Type: _____ Expiration Date: _____

If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.

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.

COMPETITIVE INTERNAL RECRUITMENT

11. 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. The information you submit on this form may be verified. **Do not submit a resume in place of completing this page. Please complete this section even if you are attaching a resume or other attachments.**

Your Present or Last Position	Employer _____	From: _____
	Address _____	Month Year
	Name and Title of Your Supervisor _____	To: _____
	Your Title _____	Month Year
	Duties and Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
	_____	Average hours worked per week _____
_____	Starting Salary \$ _____ Per _____	
_____	Ending Salary \$ _____ Per _____	
_____	Reason(s) for leaving _____	
_____	_____	

Employer _____	From: _____
Address _____	Month Year
Name and Title of Your Supervisor _____	To: _____
Your Title _____	Month Year
Duties and Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
_____	Average hours worked per week _____
_____	Starting Salary \$ _____ Per _____
_____	Ending Salary \$ _____ Per _____
_____	Reason(s) for leaving _____
_____	_____

Employer _____	From: _____
Address _____	Month Year
Name and Title of Your Supervisor _____	To: _____
Your Title _____	Month Year
Duties and Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
_____	Average hours worked per week _____
_____	Starting Salary \$ _____ Per _____
_____	Ending Salary \$ _____ Per _____
_____	Reason(s) for leaving _____
_____	_____

Employer _____	From: _____
Address _____	Month Year
Name and Title of Your Supervisor _____	To: _____
Your Title _____	Month Year
Duties and Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
_____	Average hours worked per week _____
_____	Starting Salary \$ _____ Per _____
_____	Ending Salary \$ _____ Per _____
_____	Reason(s) for leaving _____
_____	_____

EMPLOYMENT AVAILABILITY INFORMATION

State of Hawaii Department of Health - 1250 Punchbowl Street, Room 122, Honolulu, HI 96813

Name: _____ Last _____ First _____ M.I. _____
2. Social Security Number: _____

Recruitment No.	Job Title	Acc	Re	Code(s)	RV	VP	Date
IDT							

I will consider jobs in the locations checked below:

- OAHU**
- Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
 - Waipahu to Alea** (Includes Waikole, Waipio, Pearl City)
 - Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
 - Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
 - Manoa to Kahala** (Includes Moliili, McCully, Waikiki, Kapaehulu, Kaimuki, Palolo, Waialae to Weiliupe)
 - Aiea Haina to Hawaii Kai**
 - Waimanalo to Kailua**
 - Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)
 - Kaaawa to Kahuku** (Includes Puneluu, Hsuula, Laie, Kahuku)
 - North Shore** (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)
 - Wahiawa/ Kunia/ Milliani**
 - Waianae Coast** (Includes Maili, Nanakuli, Waianae, Makena)
- HAWAII**
- Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
 - Honokaa / Hamakua** (Including Ookala, Peauilo, Paauhau, Haina, Kukulhaele)
 - Kamuela / Kohala / Waikoloa** (Includes Halaulea, Papaau, Hawi, Kawaihae)
 - Kona** (Includes Keahole, Kailua-Kona, Holuiloa, Keauhau, Keelakekua, Captain Cook, Honaunau)
 - Ka'u** (Includes Ocean View, Naalehu, Pahala)
 - Puna** (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)
- MAUI**
- Wailuku/ Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
 - Lahaina**
 - Maalea/ Kihel/ Wailea**
 - Hana**
 - Makawao** (Includes Pukalani, Paia, Haiku, Haliimaile)
 - Kula**
- KAUAI**
- Lihue** (Includes Hanaleiua)
 - Kapaa** (Includes Wailua, Kealia, Anahola)
 - Hanalei** (Includes Kilauea, Princesville, Heena)
 - Waimea** (Includes Kokee, Kekaha, Kaunakani, Hanapepe, Eleele, Port Allen, Kalaheo)
 - Koloa** (Includes Lawai, Omao)
- LANAI**
- Lanai City**
- MOLOKAI**
- Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
 - Kalaupapa**

- I will accept a job which is Permanent Temporary At a lower rate of pay
- I am interested in jobs which are Full-time Part-time
- I have a driver's license: Yes No Type of license _____

Note: If you wish to change your selections at a later date, please submit a new form reflecting your updated availability choices to the DOH Personnel Office, Attn: Recruitment and Examination Section at the above address.