



SUBSTITUTE SCHOOL HEALTH ASSISTANT APPLICATION

DEPARTMENT OF EDUCATION
Office of Student Support Services
School Health Section
475 22nd Avenue
Honolulu, HI 96816

Date of application _____ (Applications will stay on file for 12 months)
MM/DD/YYYY

I. EMPLOYEE / APPLICANT INFORMATION

Name: _____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Email Address: _____

II. EMPLOYMENT DATA

The DOE is an equal opportunity employer and complies with the applicable Federal and State laws relating to employment practices. BOE Policy #900-1 strictly prohibits discrimination against an applicant or employee based on protected classes. For questions, contact the Civil Rights Compliance Office at 808-586-3322, or via relay operator. To request a reasonable accommodation due to a disability during the application process, contact the Recruitment Section Administrator at the address above no later than seven (7) work days from your meeting or event. Refer to the Requests for Reasonable Accommodations brochure at hawaiipublicschools.org/DOE%20Forms/Civil%20Rights/ReasonAccomBrochure.pdf.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you legally eligible for employment in the United States? <i>If offered employment, you will be required to provide documentation to verify eligibility.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you retired from a Hawaii public sector job? <i>A retiree can be employed in a casual position if the retiree has had a six (6) consecutive calendar month break (from their official retirement date) where the retiree was not employed by any state or county agency. Casual employment includes but is not limited to, classified casual jobs, substitute employment, 89-day hires, etc.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you at any time been suspended, fired, terminated, dismissed, discharged or asked to resign from employment?
If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you at any time separated from military service under conditions other than honorable?
If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you at any time been arrested and/or convicted?
If arrested, please specify what you were arrested for: _____
If arrested, were you charged?
If charged, please specify what you were charged with and the disposition (outcome) of the charge: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you at any time had a professional license or certification (for example, attorney, nurse, psychologist, teacher, school administrator, etc.) suspended, revoked, denied or not renewed?
If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |

(Note: Conviction or termination from employment will not necessarily disqualify an applicant)

III. EDUCATION

Educational and Professional Training

Please complete the table to describe where you received a high school diploma or equivalent and additional education/training if appropriate.

School Name	Location (City/State)	From	To	Sem. Hrs.	Degree	Date	Major

Name: _____
 Last First M.I.

IV. CERTIFICATION (A copy of the certification card verifying successful completion of in-person training must be submitted.)

	State	Date Issued	Expiration Date
Child Cardiopulmonary Resuscitation (CPR)			
Adult CPR			
First Aid			

V. EXPERIENCE (Please list your most recent experience)

Employer	Supervisor Phone	City/State	From	To	Position	Reason for Leaving

VI. TUBERCULOSIS CLEARANCE (A copy must be submitted for verification)

Date of tuberculosis clearance within last 12 months, or at age 16 years or older: _____
 MM/DD/YYYY

VII. PREFERENCES - Please mark your preferred work locations.

- | HONOLULU DISTRICT | CENTRAL DISTRICT | LEEWARD DISTRICT | WINDWARD DISTRICT | HAWAII DISTRICT | MAUI DISTRICT | KAUAI DISTRICT |
|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> FARRINGTON | <input type="checkbox"/> AIEA | <input type="checkbox"/> PEARL CITY | <input type="checkbox"/> KAILUA | <input type="checkbox"/> HILO | <input type="checkbox"/> BALDWIN | <input type="checkbox"/> KAPAA |
| <input type="checkbox"/> KAISER | <input type="checkbox"/> MOANALUA | <input type="checkbox"/> WAIPAHAU | <input type="checkbox"/> KALAHEO | <input type="checkbox"/> WAIAKEA | <input type="checkbox"/> KEKAULIKE | <input type="checkbox"/> KAUAI |
| <input type="checkbox"/> KALANI | <input type="checkbox"/> RADFORD | <input type="checkbox"/> CAMPBELL | <input type="checkbox"/> CASTLE | <input type="checkbox"/> KEEAU | <input type="checkbox"/> MAUI | <input type="checkbox"/> WAIMEA |
| <input type="checkbox"/> KAIMUKI | <input type="checkbox"/> LEILEHUA | <input type="checkbox"/> KAPOLEI | <input type="checkbox"/> KAHUKU | <input type="checkbox"/> KAU | <input type="checkbox"/> HANA | |
| <input type="checkbox"/> MCKINLEY | <input type="checkbox"/> MILILANI | <input type="checkbox"/> NANAKULI | | <input type="checkbox"/> PAHOA | <input type="checkbox"/> LAHAINALUNA | |
| <input type="checkbox"/> ROOSEVELT | <input type="checkbox"/> WAIALUA | <input type="checkbox"/> WAIANA | | <input type="checkbox"/> HONOKAA | <input type="checkbox"/> MOLOKAI | |
| | | | | <input type="checkbox"/> KEALAKEHE | <input type="checkbox"/> LANAI | |
| | | | | <input type="checkbox"/> KOHALA | | |
| | | | | <input type="checkbox"/> KONAWAENA | | |

VIII. REFERENCES - Please list professional references in addition to the supervisor phone numbers provided above.

Name	Phone Number and/or Email	Relationship

I hereby certify that all statements in this application are true, complete and correct. I understand that any willful omission or falsification of material facts in this application or breach of the Application Agreement will constitute sufficient reason for immediate dismissal.

Applicant's Signature: _____ Date: _____
 MM/DD/YYYY