

POLICIES ON EQUAL EMPLOYMENT OPPORTUNITY POLICIES OF THE BOARD OF EDUCATION

Equal Employment Opportunity: The Department of Education, State of Hawai'i, through its Superintendent of Education and state, complex, and school administrators, shall recruit, hire, upgrade, train, and promote its personnel in all jobs without discriminating against any person because of that person's age, ancestry, arrest and court record, breast feeding, citizenship status, color, income assignment for child support, marital status, national origin, national guard absence, physical or mental disability, race, religion, sex, sexual orientation, uniformed service, and/or any other protected class covered by state or federal law. The Superintendent of Education and the department's administrators shall ensure, through adequate monitoring, that all personnel actions shall be taken in accordance with the state or federal equal employment opportunity laws.

Harassment can be defined as discriminatory conduct that is sufficiently severe or pervasive in the workplace. The history of discriminatory harassment and the cases leading up to the current definition of harassment focus on the conduct of the harasser which is of vital importance. A claim for discriminatory harassment is usually based on a review of the following elements: 1) the complainant is a member of a protected class; 2) the complainant was subjected to unwelcome conduct; 3) the conduct was sufficiently severe or pervasive; and 4) the conduct altered the terms and conditions of the complainant's employment or created a hostile or abusive work environment.

While sexual harassment is one form of discriminatory harassment, all forms of discriminatory harassment based on a person's protected category is strictly prohibited by the DOE.

Civil Rights Complaint Procedure: Upon being employed by the Department of Education, any employee who believes that he/she had been subjected to discrimination prohibited under civil rights laws or any employee who believes that he/she has been subjected to sexual harassment may seek redress through the Department's Civil Rights Complaint Procedure #1110-11 of the Department's School Code (1100 Series) and/or the appropriate federal administrative complaint procedure.

If you need additional information regarding anti-discrimination, call or write to:

Hawai'i State Department of Education
Civil Rights Compliance Office
Office of the Superintendent
P.O. Box 2360
Honolulu, Hawai'i 96804
Phone (808) 586-3322

If you believe you have been discriminated against by the Hawai'i Department of Education, you may file a complaint with any of the following agencies:

U.S. Equal Employment Opportunity Commission
Honolulu Local Office
300 Ala Moana Blvd., Room 7-127
P.O. Box 50082
Honolulu, Hawaii 96850-0051
Phone (808) 541-3120

U.S. Department of Education
Office for Civil Rights
Western Division, Seattle Office
Henry M. Jackson Federal Bldg.
915 Second Avenue, Room 3310
Seattle, Washington 98174-1099
Phone: (206) 220-7880

Hawai'i Civil Rights Commission
850 Punchbowl St., Room 411
Honolulu, Hawai'i 96813
Phone: (808) 220-8636

ADA REASONABLE ACCOMMODATIONS: The Department of Education shall provide reasonable accommodations to qualified disabled individuals, unless doing so would cause undue hardship. An individual is qualified as disabled if the individual has one or more mental or physical impairments which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include, but are not limited to hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. The impairment must be permanent or long term.

If you would like to request a reasonable accommodation due to a disability during the application process, please contact us as soon as possible, but no later than at least seven (7) work days from your meeting or event. You may be asked to provide supporting documents for an accommodation. Please contact the following:

Teachers:

Hawai'i Department of Education - OHR
Phone: 808-586-3420 (voice of via relay)
FAX: 808-586-4050
Neighbor Island / Mainland: (800) 305-5104
Or via the relay operator

Educational Officers:

Hawai'i Department of Education - OHR
Phone: 808-586-3420 (voice of via relay)
FAX: 808-586-4050
Neighbor Island / Mainland: (800)305-5104
Or via the relay operator

Classified Positions:

Classified/Support Services Personnel
Recruitment Section
680 Iwilei Road, Suite 490
Honolulu, Hawai'i 96817
Phone: 808-586-3420 (voice of via relay)
FAX: 808-586-4050
Neighbor Island / Mainland: (800) 305-5104
Or via the relay operator

INFORMATION/GUIDELINES FOR PROFESSIONAL LEADER APPLICATION (FORM 103)

DISTRICT OR STATE EDUCATIONAL OFFICER POSITION

Thank you for considering joining our workforce of professional leaders. In order for you to complete the application process, please provide the information requested below:

1. Review the attached *Applicant Selection Criteria* and the *Vacancy Announcement*, which can be obtained by calling EO Recruitment at (808) 586-3242.
2. If you meet the minimum requirements, please submit the *Application for Professional Leader's Position (Personnel Form 103)*.
3. To apply for multiple positions, complete one application in full, leaving off the *position title, position number, and your signature, make the required number of copies*, then complete for each individual position and adjust the personal statement, if necessary.
4. If you are not a current DOE certificated employee, submit *official college and/or university transcripts* that qualify you for the position. Incumbent DOE Educational Officers and Teachers should already have their transcripts on file with the Department of Education, Office of Human Resources. If applying for multiple positions closing within *two weeks* of each other, we will duplicate your *official transcripts only* and attach them to your applications.
5. You may submit the following supporting documents or additional information related to your qualifications for the position:
 - a. References from persons who have observed your performance
 - b. College or university placement file
 - c. Other paperwork which gives us a picture of your accomplishments
6. You will be informed by letter after review of your application or contacted by phone to schedule an interview.
7. Applications, transcripts, and additional supporting documents should be mailed by USPS mail to:

Hawaii State Department of Education
Office of Human Resources
Educational Officer Recruitment
P.O. Box 2360
Honolulu, HI 96804-2360

Or, submitted in person or by USPS mail to: Hawaii State Department of Education
OHR/EO Recruitment
Dole Office Building
680 Iwilei Road, Room 490
Honolulu, HI 96817

APPLICANT SELECTION CRITERIA
DISTRICT OR STATE EDUCATIONAL OFFICER POSITION

- I. All professional candidates must meet the listed minimum qualifications of the position to be eligible for selection. In order for every applicant to be given a full and proper evaluation, *all* training and professional experience (full time and part-time) should be provided.
 - A. Professional Training
 1. Qualifies for the minimum certification and academic requirements of the position.
 2. Indicates successful academic achievement.
 - B. Professional Experience

Qualifies for the minimum experience requirements of the position.

- II. Applicants who meet the aforementioned requirements will be called for an Interview Examination and will be assessed by an interview committee on the following criteria:
 - A. Response
 - B. Self-control
 - C. Attitude
 - D. Effect of experience
 - E. Display of knowledge
 - F. Potential for position
 - G. Other items deemed appropriate

During the interview session, applicants may also be asked to complete a written exercise or examination.



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 OFFICE OF HUMAN RESOURCES
 EDUCATIONAL OFFICER RECRUITMENT
 P.O. BOX 2360
 HONOLULU, HAWAII 96804

**APPLICATION FOR
 PROFESSIONAL LEADERSHIP POSITION**

Please Type or Print All Items in Ink

Position Being Applied For

Position No.

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Social Security Number		
Current Address Until		City	State	Zip Code	Residence Telephone No.
Permanent Address		City	State	Zip Code	Residence Telephone No.
Email Address					Business Telephone No.

EDUCATIONAL AND PROFESSIONAL TRAINING

THE INFORMATION ON ALL ITEMS BELOW MUST BE COMPLETE. SUBMIT OFFICIAL COLLEGE OR UNIVERSITY TRANSCRIPTS WITH THIS APPLICATION UNLESS YOU ARE A CURRENT CERTIFICATED EMPLOYEE WITH THE DEPARTMENT OF EDUCATION. APPLICATIONS SUBMITTED WITHOUT TRANSCRIPTS WILL NOT BE CONSIDERED.

Institution	Location	From	To	Sem. Hrs.	Degree	Major Subjects	Minor Subjects
High School							
College/University							

PROFESSIONAL CERTIFICATION

Type of Certificate	State	Date of Expiration

COMMUNITY AND PROFESSIONAL ORGANIZATION ACTIVITIES

From	To	Organization	Offices Held	From	To	Organization	Offices Held

ACTIVE UNITED STATES MILITARY SERVICE

ARE YOU A VETERAN OF THE UNITED STATES MILITARY SERVICE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NATURE OF SERVICE ASSIGNMENTS
PERIOD OF ACTIVE DUTY (Month, Day, Year)		
From:	To:	

PROFESSIONAL EXPERIENCE

INDICATE FULL-TIME TEACHING AND PROFESSIONAL ADMINISTRATIVE EXPERIENCE STARTING WITH YOUR PRESENT OR MOST RECENT POSITION. IF ADDITIONAL SPACE IS REQUIRED, FOLLOW THE SAME FORMAT. RESUMES AND OTHER DOCUMENTS MAY BE SUBMITTED, BUT MAY NOT BE SUBMITTED IN LIEU OF THE INFORMATION REQUESTED BELOW.

IMPORTANT: ARRANGEMENTS SHOULD BE MADE TO OBTAIN STATEMENTS VERIFYING THE PERIOD OF EMPLOYMENT, SALARY AND JOB DESCRIPTION (INCLUDING MINIMUM QUALIFICATIONS). HAWAII DEPARTMENT OF EDUCATION EMPLOYEES ARE NOT REQUIRED TO DESCRIBE THEIR TEACHING DUTIES.

EMPLOYER	STARTING DATE (Month, Day, Year)
YOUR TITLE	ENDING DATE
ADDRESS	TOTAL YEARS & MONTHS
SUPERVISOR'S NAME AND TITLE	ANNUAL SALARY
DUTIES	
REASON FOR WANTING TO LEAVE	
EMPLOYER	STARTING DATE (Month, Day, Year)
YOUR TITLE	ENDING DATE
ADDRESS	TOTAL YEARS & MONTHS
SUPERVISOR'S NAME AND TITLE	FINAL ANNUAL SALARY
DUTIES	
REASON FOR WANTING TO LEAVE	
EMPLOYER	STARTING DATE (Month, Day, Year)
YOUR TITLE	ENDING DATE
ADDRESS	TOTAL YEARS & MONTHS
SUPERVISOR'S NAME AND TITLE	FINAL ANNUAL SALARY
DUTIES	
REASON FOR WANTING TO LEAVE	
EMPLOYER	STARTING DATE (Month, Day, Year)
YOUR TITLE	ENDING DATE
ADDRESS	TOTAL YEARS & MONTHS
SUPERVISOR'S NAME AND TITLE	FINAL ANNUAL SALARY
DUTIES	
REASON FOR WANTING TO LEAVE	
EMPLOYER	STARTING DATE (Month, Day, Year)
YOUR TITLE	ENDING DATE
ADDRESS	TOTAL YEARS & MONTHS
SUPERVISOR'S NAME AND TITLE	FINAL ANNUAL SALARY
DUTIES	
REASON FOR WANTING TO LEAVE	

OTHER WORK EXPERIENCE

INCLUDE OTHER EXPERIENCE RELEVANT TO THE POSITION BEING APPLIED FOR; E.G. HEAD VARSITY COACH, GRADE LEVEL CHAIR, DEPARTMENT HEAD, TRAINEESHIP, ETC.

From	To	Firm or Institution	Address	Nature of Work

PERSONAL STATEMENT

STATE WHAT YOU CAN CONTRIBUTE TO THIS SPECIFIC POSITION (ADDITIONAL PAGES MAY BE ATTACHED)

OTHER INFORMATION - Answer All Questions Below

- 1. Have you ever had your teaching certificate or administrator's certificate suspended, revoked, not renewed?..... Yes No
- 2. Have you ever been suspended, dismissed or asked to resign from any employment? Yes No
- 3. Have you ever been convicted or pleaded no contest to any violation of the law (felony and/or misdemeanor) other than minor traffic violations? Yes No

Explain any of the above items marked with a "Yes" response. Submit attachment if needed.

When Will You be Available for Employment?

Most Convenient Day and Time for an Interview

Most Inconvenient Day and Time

CERTIFICATION OF APPLICANT

I hereby certify that all information provided in the application for employment are true and correct to the best of my knowledge and belief. I understand that terms of the contract are subject to change should the information provided be inaccurate or cannot be officially verified.

I hereby authorize the Hawai'i State Department of Education, Office of Human Resources, to obtain information from my current and past employers or from any individual listed on this application form and attachments and waive the right to hold liable those persons for providing any requested information. It is understood that such information is to be absolutely privileged, confidential and used only in determining my qualifications for employment and assignment. I agree, upon employment, to submit to fingerprinting and subsequent criminal history record check.

I agree that any willful omission or falsification of material facts in this application which would ordinarily be used as a basis for not hiring me will constitute sufficient reason for immediate dismissal. I understand that unless this application is completed in detail it will not be considered.

I understand 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 and legal residents or former legal residents of the State at the time of their employment.

_____ Date

_____ Legal Signature of Applicant