

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



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

**EXTERNAL
 APPLICATION FOR SCHOOL LEVEL
 LEADERSHIP POSITION**

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. APPLICATIONS SUBMITTED WITHOUT TRANSCRIPTS MAY NOT BE CONSIDERED.

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

PROFESSIONAL CERTIFICATION

APPLICATIONS WITHOUT CERTIFICATES WILL NOT BE CONSIDERED.

Type of Certificate	State	Date of Expiration
Teacher		
Administrator		

EDUCATIONAL WORK EXPERIENCE

Years of Experience as a Contracted Teacher _____
 Years of Experience as a Contracted Assistant/Vice Principal..... _____
 Years of Experience as a Contracted Principal _____
 Years of Experience as Other Types of Educator..... _____

GEOGRAPHIC PREFERENCE IN HAWAII (either check or prioritize)

Honolulu District	Maui District	Hawaii District.....
Central District.....	Lanai Island.....	Kauai District
Leeward District.....	Molokai Island.....	Statewide.....
Windward District.....		

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 AND ATTACH.

ARRANGEMENTS SHOULD BE MADE TO OBTAIN STATEMENTS VERIFYING THE PERIOD OF EMPLOYMENT, SALARY AND JOB DESCRIPTION.

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 SCHOOL ADMINISTRATION.

From	To	Firm or Institution	Address	Nature of Work

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: _____	

OTHER INFORMATION

1. Have you ever had your teaching certificate or administrator’s certificate suspended, revoked or 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.

COMMUNITY AND PROFESSIONAL ORGANIZATIONS

From	To	Organization	Offices Held	From	To	Organization	Offices Held

PERSONAL STATEMENT

STATE WHAT YOU CAN CONTRIBUTE TO HAWAII'S EDUCATIONAL SYSTEM AS AN ADMINISTRATOR (ATTACH ADDITIONAL PAGES IF NECESSARY).

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT AND INTERVIEWS?

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

I hereby authorize the release of the following information regarding my previous employment with your school or school district.

Employee's Signature _____ Date _____

VERIFICATION OF EMPLOYMENT

(CONTRACTED EMPLOYMENT ONLY, EXCLUDE LONG-TERM LEAVES OF ABSENCE AND SUBSTITUTE TEACHING)

*Information below must be completed by an AUTHORIZED OFFICIAL of the school or school district.
Please use a SEPARATE line for each year of school service.*

Employee's Full Name _____ Social Security No. _____

School District And School Name	Position Title	Grade(s) And Subject(s) Taught (If Applicable)	Dates Of Service		No. Of Mos. In Sch. Yr.	No. Of Mos. Taught*	Completed Semester		Employment Status			
			From Mo/Day/Yr	To Mo/Day/Year			Yes	No	Full Time	Half Time	Part-Time No. Hrs. Worked Per Day	

5 of 5

REMARKS:

*FOR SERVICE OF 5 MONTHS OR LESS. PLEASE INDICATE IF COMPLETED SEMESTER.

Signature of Authorized Official _____

Print Name and Title _____

Name of School or District _____

Address _____

Telephone () _____

RETURN COMPLETED FORM TO:

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