

SUPPLEMENTAL QUALIFICATIONS FORM

Department of Health and Human Services
Division of Human Resources
State House Station #11
221 State Street
Augusta, ME 04333-0011

CANDIDATE'S NAME	DATE SENT	
CLASSIFICATION TITLE <p style="text-align: center;">PUBLIC HEALTH EDUCATOR III</p>	OPTION <p style="text-align: center;">ALL</p>	CODE: <p style="text-align: center;">437400</p>
I hereby affirm that the information contained in this form is correct to the best of my knowledge and understand that false or misleading statements may result in rejection of my Application for Employment or dismissal from Maine State Service, if I am selected.		
Signature: _____ Date: _____		

INSTRUCTIONS:

This request for supplemental information is to allow you to directly relate your education and experience to specific job requirements. If you need more space, attach additional sheets and identify the area(s) to which they relate. If you need more information, please call (207) 287-1878. Normal work hours are Monday-Friday from 8:00 a.m. until 5:00 p.m. This form must be signed and dated in order to be evaluated.

The statements you make will be the basis for evaluating your specific suitability for this particular work and provide the basis for making a numerical evaluation of training and experience. This form, upon submission to the State of Maine, becomes part of the examination process and is held to be confidential.

Statements made on this form and in your application are subject to verification by the Bureau of Human Resources and the Appointing Authority. Please submit this form with your application and documentation.

For Division of Human Resources Use Only:			
STD:		Child Health:	
Immunization:		Community Organizing:	
Dental Health:		Chronic Disease:	
Licenses/Registrations/Certifications:			

Performance Area 1: Sexually Transmitted Diseases

Describe your experience and training in planning, coordinating, and/or participating in health education projects on the subject of Sexually Transmitted Diseases.

Performance Area 2: Immunization

Describe your experience and training in planning, coordinating, and/or participating in health education projects and activities on the subject of Immunization.

Performance Area 3: Dental Health

Describe your experience and training in planning, coordinating, and/or participating in health education programs on the subject of Dental Health.

Performance Area 4: Child Health

Describe your experience and training in planning, coordinating, and/or participating in health education programs on the subject of Child Health.

Performance Area 5: Community Organizing

Describe your experience and training in planning, coordinating, and/or implementing community health promotion and disease prevention programs.

Performance Area 6: Chronic Disease

Describe your experience and training in planning, coordinating, and/or participating in health education programs on the subject of Chronic Diseases.

Performance Area 7: Licenses/Registrations/Certifications

Some positions in this classification require certain licenses/registrations/certifications (e.g. RN, LPN, Dental Hygienist, etc). List any health related licenses, registrations, and/or certifications you possess. You must submit legible photocopies of any of these in order to receive proper credit.