



STATE OF HAWAII
HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION
E HUIKALA A MA'EMA'E NŌ
235 S. Beretania Street, 16th Floor
HONOLULU, HAWAII 96813
(808) 587-4160

POSITION DESCRIPTION

I. IDENTIFYING INFORMATION

Title: Reentry Oversight Specialist
Agency: Hawaii Correctional System Oversight Commission
Geographic Location: 235 S. Beretania Street, Honolulu, HI 96813

Opening Date: Friday, November 8, 2024
Closing Date: Sunday, December 8, 2024

Salary: \$96,072/year

To Apply: Please send cover letter, resume, and completed application to Christin Johnson, Oversight Coordinator at hcsoc@hawaii.gov.

Application can be found at: [State of Hawai'i Application for Non-Civil Service Appointment](#)

II. INTRODUCTION

Function of this organizational unit:

The Hawaii Correctional System Oversight Commission (the Commission) as established in [Chapter 353L of Hawaii Revised Statutes](#), is charged with:

1. Overseeing the State's correctional system, investigating complaints at correctional facilities, and facilitating a correctional system transition to a rehabilitative and therapeutic model;
2. Establishing maximum inmate population limits for each facility; formulating policies and procedures to prevent the inmate population from exceeding capacity;
3. Ensuring that the Comprehensive Offender Reentry System under Chapter 353H, Hawaii Revised Statutes, is working properly through monitoring and reviewing elements of the program.

Purpose of the position:

This position is to monitor and review the Comprehensive Offender Reentry Program to make recommendations to the Department of Corrections and Rehabilitation, the Hawaii Paroling Authority, and the Legislature regarding reentry and parole services.

III. MAJOR DUTIES AND RESPONSIBILITIES

A. Administrative Duties

1. Work with the Department of Corrections and Rehabilitation in monitoring and reviewing the Comprehensive Offender Reentry Program, including facility educational and treatment programs, rehabilitative services, work furloughs, and the Hawaii Paroling Authority's oversight of parolees. Assist the Commission in creating recommendations to the Department of Corrections and Rehabilitation, the Hawaii Paroling Authority, and the Legislature regarding reentry and parole services; and
2. Ensure that the comprehensive offender reentry system under Chapter 353H is working properly to provide programs and services that result in the timely release of inmates on parole when the maximum terms have been served instead of delaying the release for lack of programs and services.

B. Monthly Reports, Annual Reports

1. This Reentry and Diversion Oversight Specialist shall submit a monthly report to the Oversight Coordinator to be shared with the Commission, the Governor, and the Legislature. The monthly report shall include actions taken specific to reentry and diversion efforts for the preceding month.
2. The Commission shall submit an annual report to the Governor and the Legislature no less than twenty days before the convening of each regular session. The annual report shall include a full and complete statement of actions taken by the Commission for the preceding years, and recommendations, including any proposed legislation, that the Commission deems necessary or desirable. The Reentry and Diversion Oversight Specialist will assist with the annual report in ensuring efforts towards monitoring and reviewing the Comprehensive Offender Reentry Program are included.

C. Investigation of Violations of State Law or Rules

1. Receive allegations of any violations of the laws of the State of Hawaii or rules pertaining to the comprehensive reentry system.
2. Have jurisdiction over investigating complaints at correctional facilities that are specific to reentry and diversion including facility educational and treatment programs, rehabilitative services, work furloughs, and the Hawaii Paroling Authority's oversight of parolees.

D. Studies and Investigations

1. The Reentry and Diversion Oversight Specialist shall conduct an ongoing study and investigation of the operation and the administration of reentry system laws in effect in other states or countries, any literature on the subject that may be published or available, any federal laws that may affect the operation of the reentry system, and the reaction of residents to existing and potential features of the reentry system in order to recommend or effect changes that will tend to serve the purposes of this chapter.

2. Facilitate a correctional system transition to a rehabilitative and therapeutic model with information gathered from investigation of violations and research.

IV. RECOMMENDED QUALIFICATIONS

A. Knowledge/Abilities:

1. Knowledge of the principles and practices of correctional systems, including probation, jail, prisons, and parole.
2. Well-versed in criminal justice reform and committed to the transition to a rehabilitative and therapeutic correctional system model, as required by Chapter 353L.
3. Ability to work independently on reports and projects.
4. Ability to perform research, manage and analyze a wide range of information, and draft reports.
5. Strong organizational and writing skills.
6. Effective verbal and written communications skills.
7. Solid organization skills, accuracy, and ability to successfully manage multiple and sometimes competing projects, tasks, and deadlines.
8. A personal commitment to excellence and strong attention to detail and accuracy.
9. Basic computer skills and ability to use MS Office Suite, databases, and online systems.
10. Demonstrated ability to successfully interact with a broad range of individuals in a professional and pleasant manner; excellent interpersonal skills and a positive attitude. Ability to work well on a team.

B. Education/Experience:

Graduation from an accredited college or university. Experience in program administration and oversight. Those with lived experience strongly encouraged to apply.

C. Desired Qualities:

1. Systems-oriented thinking and an ability to understand, create and implement complex processes.
2. Strong work ethic, a high degree of patience, adaptability, and an ability to remain poised under pressure.

3. Strong time and task management (i.e. ability to plan, schedule, and execute).
4. Sound judgment, initiative, and decision-making skills.
5. The ability to work within a team and to lead, coach, inspire, support, and motivate others.
6. Willingness to extend kindness, compassion and accountability to oneself and others.

**STATE OF HAWAII APPLICATION
FOR NON-CIVIL SERVICE APPOINTMENT**

**DEPARTMENT OF THE
ATTORNEY GENERAL
HUMAN RESOURCES**
425 Queen Street
Honolulu, Hawaii 96813



**FOR OFFICIAL USE ONLY
DEPARTMENTAL HR STAFF TO
SELECT CATEGORY.**

- Exempt TAOL
 89 Day _____

RECEIVED DATE/TIME STAMP

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

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

- Your entire application and attachments (if any) must be received only at the Human Resources Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- 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, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own 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 Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
POSITION TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

Last First Middle

**OTHER NAMES
USED OR FORMER**

4. LAST NAME: _____

MAILING

5. ADDRESS: _____
P.O. Box or Number and Street

City State Zip Code

E-MAIL

6. ADDRESS: _____

PHONE

7. NUMBER: _____
Home Other

8. CITIZENSHIP STATUS.
The State of Hawaii requires 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.

I acknowledge I have read and understood the above information.

9. NOTICE OF "AT WILL" EMPLOYMENT
The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

CERTIFICATE OF APPLICANT
I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. 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 Hawaii. 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

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. 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 explain in detail in item #11 below, the dates 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. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail 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. 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 the above question, please explain in detail in item #15 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.)

15. _____

16. 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 explain in detail in item #17 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.)

17. _____

18. 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 Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

**STATE OF HAWAI'I DEPARTMENT OF THE ATTORNEY GENERAL
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL HR STAFF
TO SELECT CATEGORY

- Exempt TAOL
 89 Day _____

1. POSITION TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle
4. OTHER NAMES USED OR FORMER LAST NAME: _____
5. E-MAIL ADDRESS: _____
6. MAILING ADDRESS: _____
P.O. Box or Number and Street
City State Zip Code
7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: 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.

DO NOT WRITE IN THIS SPACE

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

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
		Semester	Quarter	

9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

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.

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. 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. Information you submit on this form may be verified.

Do not submit a resume in place of completing this page.

Your Present or Last Position	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
	Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____
	Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____	
Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	