DISEASE INTERVENTION SPECIALIST – 40641

Salary: $33,081.60 - $56,726.40
Announcement Date: June 17, 2015
Revised Date: October 2, 2019

JOB INFORMATION
The Disease Intervention Specialist is a permanent, full-time position with the Alabama Department of Public Health (www.adph.org). Positions are located throughout the state. This is field investigative work in an epidemiological program of prevention and control of communicable diseases, chronic diseases, or a closely related field. Employees in this class acquire and investigate information of a confidential nature in the prevention and control of communicable diseases.

MINIMUM REQUIREMENT
• Bachelor’s degree from an accredited* four-year college or university in any major.

ADDITIONAL REQUIREMENT
• On the reverse side of this announcement is a willingness questionnaire. These questions are tasks in which a Disease Intervention Specialist may be asked to perform. Carefully read each question, then check yes or no as to your willingness to perform the task. If you answer no to any questions, you may wish to reconsider applying for Disease Intervention Specialist. Attach the completed questionnaire to your application and return it to the State Personnel Department. Applications without the willingness questionnaire attached will not be accepted.

EXAMINATION
• Open-Competitive to all applicants.
• Written Multiple Choice Exam.
• The How to Prepare Guide for this examination is available on our website listed above. Please contact State Personnel if you wish to have a guide mailed to you.

HOW TO APPLY
• Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
• Apply by mail or by fax. Applications will be accepted until further notice. The State Personnel Department is not responsible for late receipt of applications due to mail service or faxing malfunctions.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advanced degrees.
WILLINGNESS QUESTIONNAIRE FOR DISEASE INTERVENTION SPECIALIST (40641)

Are you willing and able to:

1. Work in other areas of the state for extended periods of time during disease outbreaks?  Yes ☐  No ☐
2. Work with persons who are homosexual?  Yes ☐  No ☐
3. Work with persons who are prostitutes?  Yes ☐  No ☐
4. Work with persons who have HIV infection (AIDS Virus)?  Yes ☐  No ☐
5. Discuss the transmission, symptoms, and effects of sexually transmitted diseases with persons of the same or opposite sex?  Yes ☐  No ☐
6. Work with persons who are substance abusers? (alcohol and drugs) Yes ☐  No ☐
7. Work alone in low income housing projects?  Yes ☐  No ☐
8. Work nights and weekends?  Yes ☐  No ☐
9. Be trained to perform venipuncture (blood drawing)?  Yes ☐  No ☐
10. Perform venipuncture on persons who may have a sexually transmitted disease or tuberculosis? Yes ☐  No ☐
11. Transport patients with a sexually transmitted disease or tuberculosis in your personal vehicle?  Yes ☐  No ☐
12. Maintain strict confidentiality of all epidemiologic/medical information to which you have access?  Yes ☐  No ☐
13. Take verbal abuse from patients or third parties without retaliating physically or verbally?  Yes ☐  No ☐
14. Work in jail/prison settings?  Yes ☐  No ☐
15. Perform laboratory/diagnostic tests such as RPR serologic tests and darkfield microscopic exams for syphilis? Yes ☐  No ☐
16. Go alone to a confirmed or suspected “crack house”?  Yes ☐  No ☐
17. Visit patients who are in medical isolation where you must wear a protective mask?  Yes ☐  No ☐
18. Be in the same room with a patient who has tuberculosis which may be drug resistant?  Yes ☐  No ☐
19. Be trained to perform skin tests?  Yes ☐  No ☐
20. Be trained to collect sputum specimens for laboratory testing?  Yes ☐  No ☐
21. Work with persons who may have pertussis (whooping cough), measles, or other vaccine preventable diseases? Yes ☐  No ☐

Signature:  ______________________________________  Social Security Number:  ________________________