

**OAHU REGION**  
**LEAHI HOSPITAL/MALUHIA**  
**HAWAII HEALTH SYSTEMS CORPORATION**

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3675 Kilauea Avenue v Honolulu, Hawaii 96816 v Telephone: (808) 733-8073 v FAX: (808) 733-9811

**VACANCY ANNOUNCEMENT**  
**CONTINUOUS RECRUITMENT UNTIL NEEDS ARE MET**

**DATE POSTED:** JULY 16, 2010  
**JOB TITLE:** COOK III (PERMANENT, FULL-TIME)  
**RECRUITMENT NO:** OR 18-10  
**JOB LOCATION:** MALUHIA, KALIHI, KAPALAMA, PALAMA, OAHU\*  
**SALARY RANGE:** \$3,709 per month (WS-08)

**DUTIES:** This position is located in the Food and Nutrition Section of Maluhia. The primary purpose of this position is to supervise food service staff and participate in the preparation, cooking, and assembly of foods served. Performs other duties as assigned.

\*The incumbent of this position may also provide services at Leahi Hospital.

**MINIMUM QUALIFICATION:**

**Experience:** Three (3) years of experience in quantity cookery of which one (1) year shall have been as a fully competent cook; or an equivalent combination of experience and training. Prefer experience working in a hospital or nursing home kitchen. Supervisory experience is desirable.

**Knowledge of:** Kitchen management; quantity cookery; the use and care of cooking utensils and equipment; kitchen safety and sanitation requirements; principles and practices of supervision; menu planning; food purchasing and storage.

**Ability to:** Instruct and supervise others in cooking activities; estimate amounts of foods necessary to meet menu requirements; plan cooking activities to meet scheduled meal times; get along well with others; tolerate kitchen heat; perform heavy lifting, moving and carrying typical of the class.

**Supplemental Forms:** Applicants must complete and submit at the time of application the Supplemental Experience Statement for Cooks (scroll down to bottom for the Supplemental form).

**ALL JOB VACANCIES WILL BE POSTED FOR A MINIMUM OF TEN (10) CALENDAR DAYS**

*An Equal Opportunity Employer*

**QUALITY OF EXPERIENCE:** Possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must have been of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of this position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours worked per week. Please note that experience will be based on a 40-hour workweek.

**Note:** We will not postpone the recruitment process because of your failure to provide accurate and complete information concerning your qualifications.

**MERIT OR CIVIL SERVICE SYSTEM:** Applicants must meet the minimum qualification requirements, including education, experience, other public employment requirements for State Civil Service employment, and HHSC Standards of Fitness. Only those applicants that are scheduled for an interview with the hiring manager will be contacted. Applications will be kept active for six (6) months.

**CITIZENSHIP AND RESIDENCE REQUIREMENT:** Applicants must be eligible to work in the U.S. and at the time of appointment intend to reside in the State of Hawaii during the course of employment with the Hawaii Health Systems Corporation.

**VETERAN'S PREFERENCE:** If you are claiming Veteran's Preference, you must submit a copy of your DD214 and/or other substantiating documents specifying the periods of your service.

**PHYSICAL/MENTAL REQUIREMENTS:** Applicants must be able to physically and mentally perform efficiently the duties of the position. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The Hawaii Health Systems Corporation is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodation should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

**PHYSICAL EXAMINATION REQUIREMENT:** Offers of employment will be conditioned on the results of a complete physical examination, which includes a drug screening. For certain job categories, applicants may be referred to an HHSC-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations, except the cost for the drug screening, shall be borne by the applicant and not the Hawaii Health Systems Corporation. The Hawaii Health Systems Corporation shall bear the cost of the drug screening.

**CRIMINAL/BACKGROUND, CREDENTIALING CHECKS:** Applicable checks will be conducted periodically and any associated costs may be borne by the applicant. If a job offer is made or employment is begun prior to completion of all applicable checks, any offer of employment or continued employment is contingent upon satisfactory return of all required checks.

**HOW TO APPLY:** Applications are available at the **Hawaii Health Systems Corporation (e.g.);** Human Resources Office, 3675 Kilauea Avenue, Honolulu, HI 96816. You can call (808) 832-6193, (Voice/TT), Toll Free (800) 845-6733, e-mail: [oahujobs@hhsc.org](mailto:oahujobs@hhsc.org) or visit our website at [www.hhsc.org](http://www.hhsc.org). Application hours are: 8:00am to 3:30pm at which time applicants are able to complete an application and have their application reviewed by the facility Human Resources Office. Only applicants that have been through a Human Resources (HR) applicant screening process will be considered for an interview with a hiring manager. Applications for announcements with a deadline date must be on file no later than the last day to file applications. Applications for announcements with "Continuous Recruitment Until Needs are Met" will be accepted as long as there are vacancies. Inactive/filled announcements will be taken off the HHSC website.

**STEPS TO AN ADMINISTRATIVE REVIEW, SUBSEQUENT APPEALS:** If you do not agree with a decision made by the Employment Office as to your non-qualification or non-selection for a position, you may complete a Request for Administrative Review form (available on the HHSC website) or you may submit a written request within twenty (20) days from the date of your sent notice to the Regional Chief Executive Officer/Designee. Your letter requesting the Administrative Review must include 1. The job title(s) and recruitment number(s), 2. the specific reason(s) you are requesting the review noting if there is a statute or rule violation, and 3. any additional information you want to submit to substantiate your request. **If you do not submit your request within the **twenty (20) days deadline, no Administrative Review will be conducted.**** Since the Administrative Review is a prerequisite to subsequent steps, failure to utilize this process will make you ineligible for subsequent appeals. The administrative review, formal complaint and/or appeals hearing will not necessarily postpone the recruitment process and/or rescind a selection.

If you do not agree with the Administrative Review, you may file a Formal Complaint and then, if you are still not satisfied, you can appeal to the HHSC Merit Appeals Board.

PERSONS WITH DISABILITIES MAY CONTACT THE EMPLOYMENT OFFICER, HAWAII HEALTH SYSTEMS CORPORATION AT (808) 733-7909 (TTD) TO DISCUSS SPECIAL NEEDS IN APPLYING.

## SUPPLEMENT FOR COOK

Instructions: Fill in a **separate form for EACH position** you held which involved solely **quantity cooking**. Be sure to list each change in title or promotion separately. This form may be photocopied or use plain sheets of paper for each additional position.

For maximum credit, be sure the **EACH** quantity cooking position is also listed on the employment page of your application.

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1. Employer's name: \_\_\_\_\_  
Address: \_\_\_\_\_
  - a. Period employed: from \_\_\_\_\_(MONTH/Year) to \_\_\_\_\_(MONTH/Year)
  - b. Indicate your employer's type of establishment (for example: restaurant, hotel, school, hospital, institution, etc.) \_\_\_\_\_
2. Title of this cooking position \_\_\_\_\_
  - a. Period you were employed in this position: from \_\_\_\_\_(MONTH/Year) to \_\_\_\_\_(MONTH/Year)
  - b. Average number of hours worked per week \_\_\_\_\_
3. Average number of meals you prepared daily (check one):  
Less than 100 ; 100 – 199 ; 200 – 299 ; 300 or more
4. The number and type(s) of people you worked with in preparing and cooking the meals (for example: 1 broiler cook, 1 saute cook, 2 kitchen helpers, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Type of supervision you received (check one):
  - Close and constant
  - Indirect and occasional
  - Worked independently/little or no supervision
6. List the **names and titles** of your immediate supervisors \_\_\_\_\_  
\_\_\_\_\_
7. In this position, did you supervise others on a regular basis in the preparation and cooking of the meals? (check one) Yes  No  If "Yes,":
  - a. List the number and job titles of workers you supervised (for example: 1 broiler cook, 1 saute cook, 3 salad maker, 1 fry cook, etc.) \_\_\_\_\_  
\_\_\_\_\_
  - b. Describe your supervisory duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you did not supervise others, skip this question and go on to Question #8.**

8. First, check the cooking methods you performed in this position. Second, describe the kinds of foodstuff you typically prepared for each method you checked below.

Frying:

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Broiling:

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Boiling:

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Steaming:

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Roasting:

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Braising:

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Sauteing:

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Baking: (not including pastries, desserts, breads, rolls): \_\_\_\_\_

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Other types: Specify cooking method(s) and foodstuff prepared. \_\_\_\_\_

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9. List the types of major kitchen equipment or appliances you used (for example: steam cooker, meat slicer, Hobart mixer, etc.) \_\_\_\_\_

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I hereby certify that all statements in this form 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 with Hawaii Health Systems Corporations.

I further request and authorize the employer, his agent and/or the contact person named herein to furnish verification of the statements made herein and/or employment information as requested by Hawaii Health Systems Corporation.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_