

HAWAII HEALTH SYSTEMS CORPORATION:
KONA COMMUNITY & KOHALA HOSPITAL

VACANCY ANNOUNCEMENT

CONTINUOUS RECRUITMENT UNTIL NEEDS ARE MET



DATE POSTED: 11/04/2009
JOB TITLE: SOCIAL WORKER III
RECRUITMENT NO.: KCH 09-151 (Casual – No Benefits,
Flexible, 10-30 hrs/week)
JOB LOCATION: KONA COMMUNITY HOSPITAL
Kealahou, Kona, Hawaii
SALARY: \$25.00 per Hour*

***PER THE COLLECTIVE BARGAINING AGREEMENT AS NEGOTIATED WITH HGEA, THE SALARY AMOUNT WILL BE 5% LESS THAN THE POSTED SALARY SCHEDULE RATE AS OF SEPTEMBER 30, 2009.**

Job Duties: Provides direct casework and related services for the full range of cases within the scope of a department's social work program; makes independent analysis of client's situation; makes reasoned conclusion as to preferred course of action and provides necessary services and treatment; prepares case records and reports; and performs other related duties as assigned. **MUST BE AVAILABLE TO WORK SHIFTS AS NECESSARY BASED ON HOSPITAL OPERATIONS; SERVICES ARE PROVIDED 24/7.**

The Minimum Qualification Requirements Are: To qualify, you must meet **all** of the following requirements. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. In addition, qualifying work experience is credited based on a 40-hour work week.

Education and Experience:

Applicants must meet the requirements specified in **a, b, c** or **d** below:

- a. Bachelor's degree from an accredited university with a minimum of 12 semester credit hours in such courses as psychology, sociology, social welfare, social work or other related social science and one and one-half (1-1/2) years of social work experience.
- b. Bachelor's degree in **Social Work** from an accredited university and one (1) year of social work experience.
- c. Successful completion of two (2) years of graduate study in an accredited school of social work plus one-half (1/2) year of social work experience.
- d. Master's degree in **Social Work** from an accredited school of social work.

Required Forms And Documentation: You must complete the following forms and documentation **together with your application** or your application may be rejected.

- a. Evidence of the appropriate training (e.g., official transcript or diploma) to be given credit for education. A legible photocopy will be accepted; however, the Hawaii Health Systems Corporation reserves the right to request an official copy.
- b. The supplemental for **Social Workers**. (see attachment at bottom)

PERSONS WITH DISABILITIES MAY CONTACT THE EMPLOYMENT OFFICER, KONA COMMUNITY HOSPITAL AT (808) 733-4162 (VOICE/TDD) TO DISCUSS SPECIAL NEEDS IN APPLYING.

An Equal Opportunity Employer

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

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 **Kona Community Hospital**, Human Resources Office, 79-1019 Haukapila Street, Kealahou, HI 96750. You can call (808) 322-5831, (Voice/TT), e-mail: konajobs@hhsc.org or visit our website at www.hhsc.org. Application hours are: Monday to Friday (except holidays) 8:00 am to 4:00 pm 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.

Name: _____

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**SUPPLEMENTAL FORM
FOR
SOCIAL WORKERS**

In order to evaluate your qualifications for Social Worker positions, you must complete this four-page form and submit it in addition to your application.

Complete a SEPARATE FORM for EACH PERIOD of employment as a professional Social Worker. Be sure to complete A SEPARATE FORM FOR EACH CHANGE IN TITLE, PROMOTION OR IF YOU DUTIES CHANGED SIGNIFICANTLY. You may duplicate this form or attach plain sheets of paper for each additional position.

PREFERENCE/WORK INTEREST

Please check appropriate area(s) for HEALTH SERVICES:

_____ Medical
_____ Psychiatric

1. Name of Employer: _____

2. Complete Dates of Employment: From: _____ To: _____
month/year month/year

3. Average Number of Hours Worked Per Week: _____

4. Title of Your Position: _____

5. Date Employed in this Position: From: _____ To: _____
month/year month/year

6. Provide a **detailed** description of this agency's program, its goals, objective(s), and the type(s) of clientele serviced. Specifically, describe the population(s) that you work(ed) with and its (their) presenting problems, and the average number of clients in your caseload per month. NOTE: In addition, you may submit information (e.g., brochure or documentation) further clarifying/describing this agency's goals, objectives, and background history.

9. Did you perform the duties described above independently?
YES _____ NO _____

10. Did you receive supervision from a higher level professional Social Worker?
YES _____ NO _____

Describe the kind of supervision you received in this position (e.g., was your supervision frequent and direct, occasional, general, etc?) Please explain.

11. Provide the name and education and/or experience qualifications of your immediate supervisor.

Name: _____

Education: _____

Experience: _____

12. Did you provide supervision to others? YES _____ NO _____

If "YES", provide a detailed description of your supervisory duties and responsibilities (including the number and titles of those you supervised, the duties they performed, and the area of their responsibility, as distinguished from your duties and responsibilities).

I hereby certify that all statements in this form are true and correct, to the best of my knowledge. I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment with Hawaii Health Systems Corporation.

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

Date: _____ Signature: _____