# OAHU REGION

## LEAHI HOSPITAL/MALUHIA

### HAWAII HEALTH SYSTEMS CORPORATION

**3675 Kilauea Avenue ν Honolulu, Hawaii 96816 ν Telephone: (808) 733-8067 ν FAX: (808) 733-9811**

# VACANCY ANNOUNCEMENT

**CONTINUOUS RECRUITMENT UNTIL NEEDS ARE MET**

**DATE POSTED:** February 9, 2018
**JOB TITLE:** SOCIAL WORKER III **(Permanent, Full-time)**
**RECRUITMENT NO**: OR 08-18
**JOB LOCATION:** LEAHI HOSPITAL, KAIMUKI, WAIALAE/KAHALA, OAHU*
**SALARY RANGE**: $3,989.00 per month (SR-20) *updated 07/01/2017*

**DUTIES:** The Social Worker's primary responsibility is to be involved in patient planning to assist residents and their families with non-medical needs such as psychosocial, economic, and legal problems that result from disability, illness, and/or hospitalization. Assists patients through direct contact with patient and the family, contracts, with community resources and follow up action. Obtains information about the client and family members and assess their strengths or needs and to provide appropriate interventions and plans. The social worker will also provide intake and referral assistance to callers seeking services from Adult Day Health Center.

*This incumbent of this position may also provide services at Maluhia.

**MINIMUM QUALIFICATION**: To qualify, you must meet all of the following requirements. Please note that unless specifically indicated, the required education and experience are credited based on a forty (40) hour work week.

**Education and Experience:**
Applicants must meet **one** of 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) years of social work experience.

d. Master's degree in social work from an accredited school of social work.

**Substitution of Education for Specialized Experience**

A. Satisfactory completion of a four (4) year course leading to a bachelor's degree in **social work** from an accredited university may be substituted for one half (1/2) year of specialized experience.

B. Successful completion of one (1) year of graduate study in an accredited school of social work may be substituted for one half (1/2) year of specialized experience.

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

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C. Successful completion of two (2) years of graduate study in an accredited school of social work may be substituted for one (1) year of specialized experience.

D. Successful completion of a course of study in an accredited school of social work leading to a master's degree in social work, will have met all the experience required for Level III.

**Non-Qualifying Experience:** The following type of experience are not considered qualifying social work Experience as they would not have provided the necessary social work concepts and theories and the background and knowledge of the principles, methods and techniques of social work: (1) Experience providing supportive services to professional social workers, vocational rehabilitation specialists, public housing managers, or other professional workers in such programs as public welfare, family court, etc.; (2) Experience determining the eligibility of applicants/recipients for benefits under a public welfare program such as medical assistance, food stamps and other benefits; (3) Experience providing vocational, educational, psychological, or pastoral counseling; (4) Experience providing occupational or physical therapeutic services; (5) Peace Corps or VISTA work experience which did not require the application of professional knowledge of the principles and practices of social work and/or was not performed under competent professional supervision; (6) Experience relocating clients who are displaced as a result of urban renewal or other similar reasons; and (7) Trainee level type social work experience will not be considered qualifying unless work is performed under competent professional social work supervision.

***NOTE:*** *Internships and/or practicum, if used to meet degree requirements, are not creditable as professional social work experience.*

**License Requirement:** Applicants must possess a valid driver's License.

**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 we reserve the right to request an official copy.

**b.** The supplemental form for ***Social Workers***.

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**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:** Fill out an Application Form and Supplemental Application Form (see below). Applications are also available at the **Hawaii Health Systems Corporation (e.g.);** Human Resources Office, 3675 Kilauea Avenue, Honolulu, HI 96816. You can call (808) 733-8067, (Voice/TT), Toll Free (800) 845-6733, e-mail: oahujobs@hhsc.org or visit our website at 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.

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Name: _____ 8/99

## 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.

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## PREFERENCE/WORK INTEREST

Please check appropriate area(s) for HEALTH SERVICES:

_____ Medical
_____ Psychiatric

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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.

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7. Did you perform the following duties? Based on a 40-hour work week and for each "YES" answer, indicate the average number of hours per week spent in the performance of such duties:

| | | YES | NO | #hrs/week |
|---|---|---|---|---|
| a. | screening, information an referral | _____ | _____ | _____ |
| b. | psychosocial assessments & diagnosis | | | |
| | i. as an individual | _____ | _____ | _____ |
| | ii. as a member of a team | _____ | _____ | _____ |
| c. | development of a treatment plan | _____ | _____ | _____ |
| d. | implementation of the treatment plan | _____ | _____ | _____ |
| e. | problem-solving counseling | _____ | _____ | _____ |
| f. | case management | _____ | _____ | _____ |
| g. | consultation to other professionals | _____ | _____ | _____ |

8. For each area in #7 above where you answered "YES", please give a detailed description of your social work duties and responsibilities. Please respond to each area separately. In your write up, avoid using vague and ambiguous terms such as, "was responsible for," "handled," etc. Instead, use specific language which clearly shows the exact nature of the tasks you performed and the extent of our involvement. You may use additional sheets as necessary. NOTE: You may be asked to provide a copy of an official job/position description for your work experience with this employer.

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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.

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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).

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I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: _____ Date: _____