

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

3675 Kilauea Avenue v Honolulu, Hawaii 96816 v Telephone: (808) 832-6193 v FAX: (808) 733-9811

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

**DATE POSTED:** NOVEMBER 22, 2016  
**JOB TITLE:** BUILDING MAINTENANCE WORKER I  
*(Temporary, Full-Time, w/ Benefits) revised 12/4/2017*  
**RECRUITMENT NO:** OR 54-16  
**JOB LOCATION:** MALUHIA, KALIHI/KAPALAMA/PALAMA, OAHU\*  
**SALARY RANGE:** \$4,488.00 per month (BC-09) *revised 6/1/2018*

**Position may be extended or converted to Permanent with Management Approval.**

**DUTIES:** This position is located in the plant operation and maintenance section of Maluhia. The section provides continuing preventive maintenance, safe operation of all utilities and maintenance of services. The worker will be responsible for the monitoring and maintenance of the facility's a/c system as well as performing a variety of skilled maintenance and repair duties of buildings appliances, equipment and furniture.

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

**MINIMUM QUALIFICATION:**

Education: High School Diploma.

Experience and Training: Four (4) years of work experience in performing a variety of building maintenance repair work or an equivalent combination of experience and training.

Knowledge of: Basic practices and methods in the repair of buildings, including safety procedures; common tools, equipment, and materials used in the carpentry, painting, plumbing and electrical trades; electro-mechanical appliances used in homes and other buildings.

Ability to: Determine need for repairs involving a variety of building trades; recognize hazards typical of the work; use hand tools utilized in a variety of building trades; read blueprints and sketches; estimate time and material needed to perform a job; make mechanical repairs to equipment and appliances; understand and follow oral and written instructions.

**Supplemental Forms:** Applicants must submit evidence of the appropriate training (e.g., official transcript certificate, or diploma) in order to be given credit for education. A legible photocopy will be accepted; however, Leahi Hospital reserves the right to request for an official copy. **The Supplemental form for Building Maintenance Worker I must be filled out and submitted together with your application (Please scroll to bottom for 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) 733-8067, (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.

**(Building Maintenance Page 1 of 2)**

NAME: \_\_\_\_\_

**SUPPLEMENT TO THE APPLICATION FOR  
BUILDING MAINTENANCE HELPER  
BUILDING MAINTENANCE WORKER I & II**

The information you provide on this form will be used in addition to the application form to evaluate your qualifications. Therefore, please be as complete and specific as possible in the information you provide.

Complete a separate section for each different position where you performed the maintenance and repair of buildings, or trades work. Be sure to give complete dates and average number of hours worked per week. All employers listed here should also be listed on your application.

**Note: For Building Maintenance Worker II, applicants must possess at least 2 years journey level experience.**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Title: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Level of work performed (check **one** only):  apprentice  journey  supervisor

If supervisor, list # and title of persons you supervised:

\_\_\_\_\_  
\_\_\_\_\_

Place an (X) next to each trade and give approximate hours per week you performed such work in THIS job: (Maximum total: 40 hours per week)

- |   |   |
|---|---|
| <input type="checkbox"/> Carpentry ___ hrs/week | <input type="checkbox"/> Electrical ___ hrs/week                  |
| <input type="checkbox"/> Painting ___ hrs/week  | <input type="checkbox"/> Plumbing ___ hrs/week                    |
| <input type="checkbox"/> Masonry ___ hrs/week   | <input type="checkbox"/> Other (describe fully below ___ hrs/week |

Specific description of your duties and responsibilities in THIS position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Title: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Level of work performed (check **one** only):  apprentice  journey  supervisor

If supervisor, list # and title of persons you supervised:

\_\_\_\_\_  
\_\_\_\_\_

**(Building Maintenance Page 2 of 2)**

Place an (X) next to each trade and give approximate hours per week you performed such work in THIS job: (Maximum total: 40 hours per week)

- |   |   |
|---|---|
| <input type="checkbox"/> Carpentry ___ hrs/week | <input type="checkbox"/> Electrical ___ hrs/week                  |
| <input type="checkbox"/> Painting ___ hrs/week  | <input type="checkbox"/> Plumbing ___ hrs/week                    |
| <input type="checkbox"/> Masonry ___ hrs/week   | <input type="checkbox"/> Other (describe fully below ___ hrs/week |

Specific description of your duties and responsibilities in THIS position:

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Title: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_

Level of work performed (check **one** only):  apprentice  journey  supervisor

If supervisor, list # and title of persons you supervised:

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Place an (X) next to each trade and give approximate hours per week you performed such work in THIS job: (Maximum total: 40 hours per week)

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|---|---|
| <input type="checkbox"/> Carpentry ___ hrs/week | <input type="checkbox"/> Electrical ___ hrs/week                  |
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| <input type="checkbox"/> Masonry ___ hrs/week   | <input type="checkbox"/> Other (describe fully below ___ hrs/week |

Specific description of your duties and responsibilities in THIS position:

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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: \_\_\_\_\_

(Use additional sheets as necessary)