

Career Opportunity

Department of Labor and Industrial Relations

State of Hawaii Executive Branch

VACANCY ANNOUNCEMENT

WORKERS' COMPENSATION HEARINGS OFFICER V

SR- 26 / MAUI

Salary: \$4,810 monthly

Consideration may be given to lower levels

Opening Date: April 3, 2014

Closing Date: Continuous

An Equal Opportunity Employer

RECRUITMENT INFORMATION

Recruitment Number 14-052

A continuous recruitment can close at any time.

Consideration may be given to lower levels:

Workers' Compensation Hearings Officer III (SR-22, Salary: \$3,950 per month)

Workers' Compensation Claims Specialist II (SR-18, Salary: \$3,379 per month)

Workers' Compensation Claims Specialist I (SR-16, Salary: \$3,122 per month)

DUTIES SUMMARY

Workers' Compensation Hearings Officer V (WCHO V): Independently performs difficult workers' compensation claims examination for the determination of workers' compensation benefits, requiring the conduct of administrative hearing; makes a variety of determinations; provides consultative services regarding workers' compensation matters to representative of claimants, insurance carriers and employers.

Workers' Compensation Hearings Officer III (WCHO III): Independently examines simple claims for workers' compensation benefits requiring conduct of a hearing; determines amount, and duration of awards; conduct hearings in order to hear viewpoints of claimants and their representatives, representative of insurance carriers or self-insured employers.

Workers' Compensation Claims Specialist II (WCCS II): Prepares workers' compensation injury cases for administrative hearings; recommends awards on disfigurement cases for which hearings are waived; counsels injured employees or their family members on workers' compensation benefits and assists them in filing claims.

Workers' Compensation Claims Specialist I (WCCS I): Receives training and assists in a trainee capacity in activities relating to the Hawaii State Workers' Compensation program.

MINIMUM QUALIFICATION REQUIREMENTS

Applicants must meet all the requirements for the position they are seeking as of the date of the application, unless otherwise specified. Please note that unless specifically indicated, the required education and experience may not be gained concurrently.

Your 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 be of such scope and responsibility as to conclusively demonstrate

that you have the ability to perform the duties of the position. Note: Your calculation of experience must be based on full-time, 40-hour work weeks. Part-time experience must be pro-rated. Example: Twelve (12) months of experience at 20 hours/week is equivalent to six (6) months of experience, not one (1) year. Also, hours worked in excess of 40 hours/week will not be credited. Example: Twelve (12) months of experience at 60 hours/week is equivalent to one (1) year of experience, not one and a half (1 ½) years.

To qualify, you must meet all of the following requirements:

EDUCATION REQUIREMENT for ALL levels:

Bachelor's degree from an accredited four (4) year college or university.

Excess work experience as described below in the general or specialized experience sections or any other responsible administrative, professional, or other analytical work experience which would provide knowledge, skills and abilities comparable to those acquired in four (4) years of successful study while fulfilling a prescribed college curriculum may be substituted for education on a year-for-year basis.

The education or experience background must also demonstrate the ability to write clearly and comprehensively such materials as report and analyses read and interpret complex written material; speak persuasively and effectively; and solve complex problems logically and systematically.

GENERAL EXPERIENCE REQUIREMENT:

None for **WCCS I**, one-half (½) years for **WCCS II**, and for **WCHO III** and **WCHO V** one and one-half (1 ½) years of progressively responsible professional, investigative, or other analytical work which involved gathering, evaluating and analyzing facts and other pertinent information; identifying, evaluating and analyzing issues involved, interpreting and applying provisions of the Hawaii State Workers' Compensation laws, rules and regulations to determine appropriate courses of action and recommending courses of actions. Such experience must have demonstrated the ability to elicit information orally and in writing, apply problem solving methods and techniques, and prepare clear and concise written reports of facts, issues, application of the law and recommendations for action.

Examples of general experience include (but are not limited to) the following:

- A.** Active participation in the examination and determination of disfigurement and/or disability awards for workers' compensation claims;
- B.** Enforcement of workers' compensation laws, rules and regulations by investigating and examining employers financial records and/or related personnel records, interviewing employers, employees or others; identification of violations or lack of alleged violations and preparing reports recommending action;
- C.** Representation of self-insured employer, insurance carrier, employee or other party, as a regular work assignment, regarding claims for workers' compensation benefits and awards which involved review of pertinent case documents, determination of issues and advocacy of the clients' position relative to the case.

SPECIALIZED EXPERIENCE REQUIREMENT:

None for **WCCS I**, **WCCS II**, **WCHO III**, and for **WCHO V** two (2) years of progressively responsible professional experience of the kind and nature described under General Experience, above, which involved examination of claims for workers' compensation benefits and awards which included conducting administrative hearings for determination of awards or participating in administrative hearings as an advocate of the client self-insured employer or insurance carrier or other interested party as a regular work assignment.

At least two (2) years of experience must have been comparable in scope and difficulty to Workers' Compensation Hearings Officer III in the State service (independent worker – see class specifications).

Non-Qualifying Experience: Clerical work experience, although it may be in the field of workers' compensation.

Substitutions Allowed:

A. Satisfactory completion of course work required for a law degree from a school of law accredited by a nationally recognized specialized accrediting body (or course work deemed comparable by a nationally recognized specialized accrediting body) which included study of legal research and writing, evidence, contracts, civil procedures, and torts, may be substituted for the General or Specialized Experience required on the basis of one semester of full-time course work load for one-half (1/2) year of experience up to a maximum of one and one-half (1-1/2) years of General Experience and/or one and one-half (1-1/2) years of the Specialized Experience.

This course work may not be substituted for experience comparable to the class Workers' Compensation Hearings Officer V.

B. Excess Specialized Experience of the type and quality described may be substituted for the required General Experience on a year-for-year basis.

Quality of Experience: Possession of the required number of years of experience will not in itself be accepted as proof of qualification for a position. Overall experience must have been of such scope and level of responsibility as to conclusively demonstrate the ability to perform the duties of the position being considered for.

Click to view complete [Class Specifications](#) and [Minimum Qualification Requirements](#)

APPLICATION MAY BE OBTAINED FROM http://labor.hawaii.gov/jobs/files/2013/01/315_LIR_10.2013.pdf

or
Department of Labor and Industrial Relations
Personnel Office
830 Punchbowl Street, Room 415
Honolulu, Hawaii 96813
(808) 586-9043

Recruitment Hours: Monday thru Friday 8:00am – 4:00pm
Closed on State Observed Holidays

Submit completed Application and Supplemental Questionnaire to:

Department of Labor and Industrial Relations, Personnel Office, 830 Punchbowl St., Room 415, Honolulu, HI 96813.

Mailed applications must be postmarked by midnight of closing date.

WORKERS' COMPENSATION HEARINGS OFFICER V (SR-26) Maui

Supplemental Questionnaire - Submit with Application

1. REQUIRED SUPPLEMENTAL QUESTIONS

The responses you provide to these Supplemental Questions will be used in combination with your application to determine whether you meet the qualification requirements and/or your final score. Failure to provide detailed and complete information may result in your application being rejected or receiving a lower score. Please **do not** submit a resume in place of completing the Supplemental Questions.

In general, proof of education obtained from and/or submitted through the internet will not be accepted.

Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number.

Any information you submit may be verified. Supporting documents must be submitted within five (5) working days of the filing of your application.

When applying for this position, I understand that I must thoroughly complete the Education and Work Experience sections of my application and the Supplemental Questions. This includes a detailed description of each position that I feel qualifies me for the job I am seeking.

I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected or my receiving a lower examination score. I also understand that I may not submit resumes in lieu of filling out the application or answering the Supplemental Questions. However, I may attach a resume to the application to provide additional information.

☐

I acknowledge I have read and understand the above information.

Click to print application: [DLIR APPLICATION](#)

May we send your eligibility determination letter by email?

☐

YES

email address: _____

☐

NO

Prefer hard copy by mail.

Workers' Compensation Hearings Officer V – Maui, 14-052

Print Name

Signature

Date

2. JOB LEVELS APPLYING FOR:

Indicate all levels for which you wish to be considered (more than one may be selected)

- ☐ Workers' Compensation Hearings Officer V
☐ Workers' Compensation Hearings Officer III
☐ Workers' Compensation Claims Specialist II
☐ Workers' Compensation Claims Specialist I

3. EDUCATION REQUIREMENT for ALL LEVELS:

You must provide a copy of your transcripts and/or license to practice law in the State of Hawaii.

- ☐ I have a bachelor's degree from an accredited college or university.
☐ I have four years of administrative, professional, technical, or other responsible work which required a high degree of analytical skill. **(On a separate sheet, describe your work experience to support this statement)**

4. GENERAL EXPERIENCE REQUIREMENT for WCHO V, WCHO III, WCCS II:

Do you have the required number of years for the level(s) in which you are applying as detailed in the vacancy announcement of progressively responsible professional, investigative, or analytical work which involved gathering, evaluating and analyzing facts and other pertinent information; identifying, evaluating and analyzing issues involved, interpreting and applying provision of the Hawaii State Workers' compensation laws, rule, and regulations to determine and recommend appropriate courses of action?

- ☐ Yes ☐ No ☐ Not applying for **WCHO V, WCHO III or WCCS II**

If Yes, on a separate sheet, identify each experience you would like us to consider and provide the following information. All employers listed should also be listed on your application. Treat each change in employer or position separately.

- A. Name of employer, dates of employment, and your job title.
B. What was the **primary** function of your position? What were your **major** duties and responsibilities?
D. Describe in detail your work experience interpreting any applying Hawaii State workers' compensation laws, rules and regulations.
E. What types of workers' compensation claims have you resolved?
F. Describe the methodology used to determine the most appropriate course of action.
G. What types of written reports have you prepared? What kinds of recommendations were made? Title of the person who you submitted your report to.
H. What percentage of time was spent on workers' compensation duties?

5. SPECIALIZED EXPERIENCE REQUIREMENT for WCHO V:

Do you have at least two (2) years of work experience which involved examination of claims for workers' compensation benefits and awards?

- ☐ Yes ☐ No ☐ Not applying for **WCHO V**

If Yes, on a separate sheet, identify each experience you would like us to consider which clearly depicts your level of expertise in dealing with workers' compensation issues. All employers listed should also be listed on your application. Information for each employer should include:

- A. Name of employer, dates of employment, and your job title.
B. Description of employer, services provided and clientele served. Was this a federal or state office?
C. Describe in detail the exact nature of your involvement in the examination of claims for workers' compensation benefits and awards.
D. Did you conduct administrative hearings for determination of awards? If yes, how often?
E. Did you participate in these hearings as an advocate of the client self-insured employer or insurance carrier or other interested party as a regular work assignment?

6. SUBSTITUTION FOR EXPERIENCE

Are you substituting education for experience as described in the vacancy announcement?

☐ Yes

☐ No

If Yes, you must submit a copy of your official transcript.

7. ADDITIONAL INFORMATION

Do you have any other information related to this position that you would like us to consider?

☐ Yes

☐ No

If Yes, submit with your application.

- 8.** Supporting documents such as transcripts, driver's license, or professional licensure if applicable as described in the job posting must be on file with the Department of Labor and Industrial Relations (DLIR) to complete your application.

Please select from one of the statements below:

☐

Supporting documents are attached.

☐

Supporting documents are forthcoming and will be mailed within five (5) working days to: Department of Labor and Industrial Relations, 830 Punchbowl Street, Room 415, Honolulu, Hawaii 96813.

9. How did you find out about this position? (optional)

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Department of Labor and Industrial Relations website

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HireNet Hawaii

☐

University website

☐

University of Hawaii

☐

Chaminade University

☐

Hawaii Pacific University

☐

Referred by a family, friend, acquaintance, etc.

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Other: _____