

Disability Compensation Administrator – Oahu, 15-068
Supplemental Questionnaire - Submit with Application

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 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.

Applicants must meet all the requirements for the position seeking as of the date of the application, unless otherwise specified. In general, concurrent experience and/or education will not be double credited unless otherwise specified. Possession of the required amount of experience will not in and of itself be accepted as proof of qualification.

_____ **Please initial to acknowledge** that you read and understand the above information.

CLASS SPECIFICATIONS and MINIMUM QUALIFICATION REQUIREMENTS

A link to access the complete Class Specifications and Minimum Qualification Requirements was provided in the job announcement.

_____ **Please initial to acknowledge** that you reviewed the Class Specifications and Minimum Qualification Requirements via the link provided in the job announcement.

Disability Compensation Administrator – Oahu, 15-068

Print Name

Signature

Date

1. EDUCATION REQUIREMENT:

I have a bachelor's degree from an accredited four (4) year college or university

Legible copy of official transcript or degree included.

Legible copy of official transcript or degree to be submitted within five working days.

I do not have a bachelor's degree. I have excess specialized experience as described in the Minimum Qualification Specifications or other responsible administrative, professional, technical, or analytical work experience which provided knowledge, skills and abilities comparable to those acquired in four years of successful study while completing a college or university curriculum leading to a baccalaureate degree as substitution for education on a year-for-year basis.
(On a separate sheet, describe your work experience to support this statement)

The education or experience background must also demonstrate the ability to write clear and comprehensive reports and other documents; read and interpret complex written material; and solve complex problems logically and systematically.

2. EXPERIENCE REQUIREMENT

I meet all the requirements of **Option A** as described in the Minimum Qualification Specification

I meet all the requirements of **Option B** as described in the Minimum Qualification Specification

On a separate sheet, identify each experience you would like us to consider and provide the following information for EACH relevant employer.

FOR OPTION A:

A. General Experience (2 ½ years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing the general experience duties;
- 3) Description of employer (governmental or private agency), specific kinds of services provided, types of clientele served;
- 4) Which department or section did you work in?;
- 5) What was the **primary** function of your position?;
- 6) What were your **major** duties and responsibilities?;
- 7) Describe your experience involving the following:
Include your specific role and authority in the process, the steps you took, and what happened as a result of your involvement;
 - a) Analysis, interpretation and evaluation of technical material. (provide examples of the technical materials);
 - b) Application of problem-solving methods and techniques in order to solve technical, managerial or administrative problems;
 - c) Types of reports written;
 - d) Your role in developing, weighing, and proposing alternative courses of action. What factors were considered in recommending appropriate courses of action?;
 - e) How did your duties and level of authority in this area differ from those of your supervisor?;
 - f) Did this employer have a separate corporate or administrative office (e.g., board, executive, etc.) with final decision-making authority? What was the relationship of your position to this office or entity?

B. Supervisory Experience (2 ½ years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title.
- 2) Average number of hours per week spent performing the supervisory duties.
- 3) Number and job titles of subordinates supervised.
- 4) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served.
- 5) Which department or section did you work in?
- 6) What was the **primary** function of your position?
- 7) What were your **major** duties and responsibilities?
- 8) Describe your experience involving the following:
 - a) Planning, organizing, scheduling, and directing the work of others
 - b) Assigning and review work
 - c) Advising on difficult work problems
 - d) Training and developing
 - e) Evaluating work performance.

C. Managerial Experience (2 years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing the managerial duties;
- 3) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served
- 4) Which department or section did you work in?
- 5) What was the **primary** function of your position?
- 6) What were your **major** duties and responsibilities?
- 7) Describe your experience involving the following:
 - a) Identifying program goals and objectives and evaluating attainment
 - b) Identifying resource needs
 - c) Planning, organizing and coordinating program activities to achieve program objectives within time, resource and budgetary limitations
 - d) Developing procedures
 - e) Active participation in policy determination, budget formulation and execution.

D. Administrative Aptitude Requirement:

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served
- 3) Which department or section did you work in?
- 4) What was the **primary** function of your position?
- 5) What were your **major** duties and responsibilities?
- 6) Provide a detailed description of the duties you performed which demonstrated your administrative aptitude or potential (e.g., involvement in planning, organizing, promoting, and directing a program, including policy and budgetary considerations, etc.)
- 7) How did your duties and level of authority differ from those of your supervisor?

Note that the administrative aptitude is above and beyond the supervisory or staff advisory experience requirement.

FOR OPTION B:

A. General Experience (2 ½ years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing the general experience duties;
- 3) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served;
- 4) Which department or section did you work in?;
- 5) What was the **primary** function of your position?;
- 6) What were your **major** duties and responsibilities?;
- 7) Describe your experience involving the following:
Include your specific role and authority in the process, the steps you took, and what happened as a result of your involvement.
 - a) Analysis, interpretation and evaluation of technical material. (provide examples of the technical materials);
 - b) Application of problem-solving methods and techniques in order to solve technical, managerial or administrative problems;
 - c) Types of reports written;
 - d) Your role in developing, weighing, and proposing alternative courses of action. What factors were considered in recommending appropriate courses of action?
 - e) How did your duties and level of authority in this area differ from those of your supervisor?
 - f) Did this employer have a separate corporate or administrative office (e.g., board, executive, etc.) with final decision-making authority? What was the relationship of your position to this office or entity?

B. Specialized Experience (2 years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent performing the specialized experience duties;
- 3) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served;
- 4) Which department or section did you work in?;
- 5) What was the **primary** function of your position?;
- 6) What were your **major** duties and responsibilities?;
- 7) Describe your experience, clearly showing your knowledge in the application of laws, rules and regulations involving **disability compensation**. Identify the area(s) of your involvement: **Workers' Compensation (WC), Temporary Disability Insurance (TDI), and/or Pre-paid Health Care (PHC);** and,
 - a) Describe how your work involved knowledge of the principles and concepts of wage loss replacement and indemnification;
 - b) How did you apply your knowledge of medical terminology in the analysis, interpretation, and evaluation of technical material? Give relevant examples;
 - c) Describe the types of technical problems you resolved, and kinds of problem-solving methods and techniques you applied and analyzed. Identify the specific issues involved, and types of reports written;
 - d) Describe your role in developing, weighing, and proposing alternative courses of action. What factors were considered in recommending appropriate courses of action?
 - e) How did your duties and level of authority differ from those of your supervisor?

C. Supervisory and/or Staff Advisory Experience (2 ½ years):

- 1) Employer's name, dates of employment (Month/year to Month/year), and your official job title;
- 2) Average number of hours per week spent collectively performing Supervisory and Staff Advisory duties;
- 3) Description of this employer (governmental or private agency), specific kinds of services provided, types of clientele served
- 4) Which department or section did you work in?
- 5) What was the **primary** function of your position?
- 6) What were your **major** duties and responsibilities?
- 7) Describe your **Official Supervisory Experience**. Include the following:
 - a) Dates you officially provided formal supervision;
 - b) Number and job titles of those you supervised who performed work directly related to disability compensation (WC, TDI, and/or PHC):
 - c) Clear description showing comprehensive knowledge in your area of supervision;
 - d) Describe your experience, if any, in the following areas. Give relevant examples to indicate the scope and extent of your responsibilities. If you assisted in these functions, so indicate. If not performed, so state:
 - i) Establishing work methods and procedures;
 - ii) Maintaining information on cost of personnel services and/or other costs;
 - iii) Identifying, recommending changes to policies, regulations or services; and
 - iv) Developing program plans for your assigned program.
- 8) If you have supervisory experience in a **specific activity** of the disability compensation program (e.g., WC claims examination or TDI claims and plans examination), identify the area(s), and describe how your work showed a clear understanding of the operations and programs of other disability compensation activities; and
 - a) If applicable, describe your role in advising staff (e.g., other supervisors, advisors, administrators) regarding proposed changes affecting other program activities. Give their job titles and provide relevant examples;
 - b) How did your decisions or proposed recommendations concerning other programs or activities directly interrelate and impact activities of the program you supervised? Give relevant examples.
- 9) Describe your **Official Staff Advisory** experience in disability compensation. Include the following:
 - a) Area(s) of expertise or specialization/program function,
 - b) To whom (describe staff) you provided advisory or consultative services,
 - c) Detailed description of your duties. How did your experience demonstrate a clear understanding of the practical problems faced by the program supervisors and staff?
 - d) Give relevant examples of the specific disability compensation projects or programs you provided services for. For example, how were you involved in long-range planning and/or research and development of these programs?
- 10) If you have staff advisory experience in a **specific activity** of disability compensation (e.g., WC or TDI program development, evaluation, etc.), identify the area(s), and describe how your work showed a clear understanding of other activities, functions, objectives OR other disability compensation programs. For example, describe how you may have assisted in preparing and developing program plans affecting the other programs; and
 - a) Describe your role in advising staff (e.g., supervisors, advisors, administrators) in areas such as legislation or regulations directly affecting other programs or operations in relation to impacting the specific program(s) to which you were assigned; and
 - b) Describe your recommendations for change or new operations in other areas involving work methods, procedures, policies, etc. How did these areas that you identified affect the other activities of disability compensation in addition to the specific program to which you were assigned?

D. NON-SUPERVISORY STAFF ADVISORY EXPERIENCE

If you have Staff Advisory experience in disability compensation in a **NON-SUPERVISORY** role as described in the Minimum Qualification Requirements, describe at least ONE year of **any kind** of supervisory experience over professional or technical work as described under the **General Experience**. The information for each employer should include:

- 1) Employer, complete dates (Month/year to Month/year), and your official job title;
- 2) Brief description of employer (governmental or private firm, other agency, etc.), services provided, and clientele served;
- 3) Describe your **official** and formal supervisory duties. Give relevant examples. Include the dates you provided supervision, number and job titles of the positions supervised;
- 4) What was the name, official job title, and general background of your supervisor?; and
- 5) How did your duties and level of authority differ from those of your supervisor?

E. ADMINISTRATIVE APTITUDE REQUIREMENT

- 1) Employer and your official job title;
- 2) Dates you performed such duties (Month/year to Month/year);
- 3) Description of the organization hierarchy for this employer, including positions in the executive or management team (number and job titles) located above and below your own position;
- 4) The **primary** function of your position;
- 5) A detailed description of the duties you performed which demonstrated your administrative aptitude or potential (e.g., involvement in planning, organizing, promoting, and directing a program, including policy and budgetary considerations, etc.);
- 6) How did your duties and level of authority differ from those of your supervisor?

Note that the administrative aptitude is above and beyond the supervisory or staff advisory experience requirement.

3. SUBSTITUTIONS ALLOWED

Do you have education as stated in the Minimum Qualification Requirements to be substituted for experience?

- Yes No

If Yes and in order to receive credit, provide a copy of your OFFICIAL transcript(s) or degree by including it with your application, OR send a copy to our office, identified by job title and recruitment number.

4. 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.

5. How did you hear about this position? (optional)