

EMPLOYMENT OPPORTUNITY

Quality Assurance Mission Statement: Through a Total Quality Concept, provide everyone who works, visits or participates in our facilities, parks and programs with a safe, enjoyable and fulfilling experience.

FACILITY ATTENDANT - SUBSTITUTES

DEADLINE FOR APPLYING: Open until filled

To apply online: https://www.governmentjobs.com/careers/norfun/ or submit to the Personnel Office located at the District's Administrative Center, 3825 Riverlakes Drive, Bakersfield, Ca., 93312, a District Employment Application (resume's will be accepted only with a completed Application). Current employees can submit an Employee Job Interest Form. The application or Job Interest form can be downloaded from the District's website at www.norfun.org, Human Resource, Current Opportunities or request from the Personnel Office at 392-2000.

BASIC FUNCTION: Monitor patrons using District facility. Assists users with questions, issues, set-ups and take-downs for adult and youth sports, after school programs, recreation classes, special events and rentals and performs basic custodial before, during and after usage. Ensures all NOR policies are followed during facility functions.

HOURLY STARTING RATE: \$17.87 - \$19.70 per hour, DOE

HOURS: 1 – part time up to 20 hours per week and substitutes/on-call to fill in when needed. Locations will include any NOR Center to include Riverlakes, Greenacres and Riverview Community Centers and the Rasmussen Senior Adult Center, afternoons, evenings and weekends.

QUALIFICATIONS: Equivalent to high school graduate and a minimum of 1-year related experience to include customer service. Related college courses in recreation and sports helpful. Must possess organization and leadership skills. Knowledge of customer service principles; custodial practices; and computer operation. Ability to function effectively and work alone without direct supervision; work independently; provide direction to staff, participants and/or the public; establish, relate and maintain good working relationships with supervisor and associated program staff, participants and the public; interact courteously with participants, staff and the public; communicate effectively both orally and in writing and understand and follow instructions; exercise sound judgment within district policy; handle and prioritize tasks; perform basic custodial tasks; operate a computer; and accommodate program schedule to include afternoon, evening and/or weekend work hours. For full time, ability to orient, train, and schedule staff. Must be able to relate to other people beyond giving and receiving instructions; can get along with co-workers or peers without exhibiting behavioral extremes; perform work activities requiring negotiating, instructing, supervising, persuading or speaking with others; and respond appropriately to feedback and correction from a supervisor.

PHYSICAL DEMANDS AND WORK ENVIRONMENT: Work activities are performed in an indoor work environment dependent upon work assignment, to include a community center with meeting rooms, catering area, restrooms and gymnasium. Performs physical activities such as setting up or taking down chairs and tables, carrying items and lifting up to 50 lbs; preparing for special events, programs, sports, and rentals; standing for long periods; and communicate regularly with supervisor, staff, volunteers, participants, and the public. The qualification requirements listed above are representative of the knowledge, skill, and/or ability required to perform the essential functions of the job. Physical demands and work environment characteristics are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

CONDITIONS OF EMPLOYMENT WITH THE DISTRICT: An offer of employment will be contingent upon passing the following:

- A background investigation will be conducted to include fingerprinting.
- Must submit to a post offer medical exam, functional capacity exam and drug screen.
- Must submit verification of your identity and citizenship or legal right to work in the United States.

DUTIES AND RESPONSIBILITIES: The following represent the typical duties and responsibilities of this position. May not be assigned all duties listed, nor does this cover all duties which may be assigned.

- 1. Monitors facility during NOR programs, sports and rentals; perform facility setup or take down for programs, activities and rentals; ensuring all equipment and supplies are provided during scheduled events and properly stored and secured at end of shift.
- 2. Receives renters at the start of their rental, is available during to assist their needs and conducts a walk through when done.
- 3. Performs basic custodial duties; ensure restrooms and catering area are fully stocked.
- 4. Communicates rules and policies to patrons utilizing facility; provides information and assistance to participants and the public; receives and responds to questions, issues and complaints from staff, participants and the public.
- 5. Ensures employees, volunteers, and contract individuals are professional toward participants, staff, supervisors and spectators and interacts with various age groups, organizations, and recreation users.
- 6. Responsible for the security of the facility, and the use of the keys and alarm code to open and close the facility.
- 7. Care and maintenance of all equipment used, including tables and chairs, and informs supervisor of malfunctioning hazardous or replacement needs.
- 8. Communicates regularly with supervisor and reports accidents and unsafe conditions as they occur.
- 9. Full time serves as a lead to include establishing best practices for monitoring and carrying out facility reservations, setting up schedules, assisting with the development of staff training, conduct orientation for new attendants, and seek out opportunities for additional reservations at each facility. May include scheduling and/or modifying reservations in RecTrac and communicating with customers about reservation set up.
- 10. Completes assigned projects, which may include the use of a computer.
- 11. Attend and participate in required meetings and trainings as required and recommended by supervisor.
- 12. Maintains the required safety training for the position.
- 13. Performs other related duties as assigned.

DISTRICT EXPECTATIONS OF THIS POSITION / QUALITY ASSURANCE:

- Consistently reports to work on time prepared to perform job duties.
- Prioritizes and performs duties as workload necessitates.
- Communicates regularly with supervisor about program issues.
- Provides outstanding customer service.
- Maintains respectful attitude.
- Interacts with customers and co-workers in a positive and courteous manner.
- Responsible for the efficient and effective delivery of services.



EMPLOYMENT APPLICATION

FULL TIME AND REGULAR PART TIME CLASSIFICATION

(Positions working with minors/elderly)

PERSONNEL OFFICE
3825 Riverlakes Drive, Bakersfield, California 93312
Office (661) 392-2000 www.norfun.org

POSITION APPLYING FOR:

APPLICATION INSTRUCTIONS

- 1. Your further consideration for the position will depend upon the accurate information you provide on this application regarding your ability to meet or exceed the minimum requirements of the position. This application must be filled out completely. Incomplete or illegible applications will be rejected. Applications must be received in the Personnel Office no later than the date and time noted in the job announcement.
- 2. Notify the Personnel Office immediately if you have a change of address, phone, or employer.
- 3. You must submit any documents required with your application, (i.e.; typing certificate, DMV printout). Any material submitted during the application process becomes the property of NOR unless otherwise specified in the job announcement. Applicants who wish to retain copies must make their copies prior to submitting the materials.
- 4. RESUMES may be added, but may not be substituted for completion of this application.
- 5. Please complete the Applicant Data Record. Avoid any other reference to religion, race, nationality or any other legally protected status.
- 6. A separate application is required for each position. **01/2018**

Personal Information

NAME:	APPLICATION DATE:			
Address:				
Home Phone:	Number Street City State BUSINESS/MESSAGE PHONE:	Zip Code		
CELL PHONE:	E-Mail:			
The best nun	nber to reach you would be (check any that apply): Home Cell Business	E-mail		
Are you current	ily employed? Y □ N □ May we contact your current employer?	Υ□	N□	
How Did You ☐ Other inter	### THEAR ABOUT THIS JOB OPENING? ☐ Friend/Relative: ☐ District Website from the site ☐ Newspaper ☐ Other (please specified)	☐ Walk-in ify):		
What date are y	you available to work: Are you available to work Full-time Part-time	11		
What days and	hours are you available to work?			
Have you ever	applied to, worked for, or volunteered with NOR? If yes; state dates, positions and reason for leaving.	Υ□	N□	
(check all that appl List any different				
Do you have ar	ny friends or relatives working for NOR? If yes, state name(s) and relationship:	Υ□	N□	
If hired, would y	you have a reliable means of transportation to and from work?	Υ□	N□	
	o perform the essential functions of the job for which you are applying, either with or without	Υ□	N□	
reasonable ac	commodation? If no, describe the functions that cannot be performed.			
	y with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/em tial functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)	nployees		
	t 18 years old? (if under 18, if hired, you may be required to provide authorization to work)	N/A □ Y □	N□	
Are you legally	eligible to be employed in the United States? (proof of identity and eligibility will be required upon employment)	Υ□	N□	
	er been convicted of any offense other than a minor traffic violation? (Misdemeanor conviction defenses that are more than two years old need not be listed.)	ns for Y 🗌	N□	
If yes, state nat	rure of the crime(s), when and where convicted, and disposition of the case. Describe either below, on a strict's Conviction Review form and attach to this application.	separate piece of pa	aper, or	
	will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the sunse to the position(s) applied for may, however, be considered.)	rrounding circumstances	and the	

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (A <u>Resume</u> will not be a substitute for completing the information required in this section)

List all present and past employment for the <u>last 7 years starting with your most recent employer</u>. Include military service, volunteer activities, student period, or other special activities <u>and also include any periods of unemployment</u>. Incomplete information may exclude you from further consideration.

How many years experience have you had that would qualify you for this position,				PAID:	UNPAID:
lf a	ny employment was under a	different name, indicate	name:		
1.	Company Name:			Phone:	
	Address:		Citv:	State:	Zip:
	Type of Business:	Sı	City: upervisor: _End date:	Phone:	r
	Job Title:	Start date:	Fnd date:	FT \square PT \square S	easonal □ Volunteer □
	Work performed:				
	Reason for leaving:				
				May we contact this	employer? $Y \square N \square Later \square$
2.	Company Name:			Phone:	
	Address:		Citv:	State:	Zip:
	Type of Business:	Sı	_City:_ upervisor: _End date:	Phone:	r
	Job Title	Start date	End date.	FT \square PT \square S	easonal □ Volunteer □
	Work performed:	otarr dato	Ema dato.		
	Reason for leaving:				
				May we contact this	employer? $Y \square N \square$ Later \square
3.	Company Name:			Phone:	
	Address:		City:	State:	Zip:
	Type of Business:	Sı	_City: upervisor:	Phone:	
	Job Title:	Start date:	End date:	FT \square PT \square S	easonal □ Volunteer □
	Reason for leaving:				
	<u> </u>				employer? $Y \square N \square Later \square$
4.	Company Name:			Phone:	
	Address:		_City: upervisor:	State:	Zip:
	Type of Business:	Sı	upervisor:	Phone:	
	Ioh Title	Start date	End date:	FT \square PT \square S	easonal □ Volunteer □
	Work performed:	otarr dato	Ema dato.		
	<u> </u>				employer? Y \square N \square Later \square
	Explain any gaps in work	history:			
	Have you ever been discha	rged or asked to resign f	rom a job? If yes, explain:		Y 🗆 N 🗆

	ISINESS OR TRADE SCHOOLS LIST ALL A		# of yrs	Degree Or Diploma		
Name, Auu	ress, City, State, Zip	Course Of Study	completed	OR # of units completed		
				•		
ADDITIONAL INFOR		16 c c c c c c c c c c c c c c c c c c c				
Other training, skills of expe	rience RELATED to the position applied	J for: (computers, office macrines, iyping spe	eed, foreign languages, s	oecial courses, macninery, etc,		
O-MC	DELATED to the					
	icates, or Memberships RELATED to po Concussion Training and provide doc		(per CA H&S Coae	124235, Youth Sports		
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				V 🗆 N I		
Have any of the licenses or	- Hititoo listed shows over hoon rough	Have any of the licenses or certificates listed above ever been revoked or suspended? Y N I f yes, state reason(s), date of revocation or suspension and date of reinstatement:				
		ked or suspended?		T LI IN L		
		ked or suspended?		Y LI IN L		
If yes, state reason(s), date of revo		ked or suspended?		¥ □ N □		
If yes, state reason(s), date of revo	cation or suspension and date of reinstatement:	ked or suspended?		Y LI IN L		
If yes, state reason(s), date of revo	cation or suspension and date of reinstatement:	ked or suspended?		Y LI IN L		
If yes, state reason(s), date of revo	cation or suspension and date of reinstatement:	ked or suspended?		Y LI IN L		
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If yes, state reason(s), date of revo	nation or suspension and date of reinstatement: nation you feel may be helpful: persons not related to you who have knowled Last Name:	dge of your work performance.	ne Number:			
State any additional inform REFERENCES List three First Name: Street Address:	nation or suspension and date of reinstatement: mation you feel may be helpful: persons not related to you who have knowled Last Name:	dge of your work performance. Phor City:	State:	Zip Code:		
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APPLICANT'S STATEMENT

Please read carefully and sign below

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the District. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

I understand, also, that I am required to abide by all rules and regulations of the District throughout my employment. In addition, I understand that a job offer would be contingent upon the following: I must submit proof of U.S. citizenship or legal right to remain and work in the United States and a criminal records check will be required through fingerprinting. I may be required to pass a physical examination and / or alcohol and drug screen.

APPLICANT SIGNATURE:	DATE:

North of the River Recreation and Park District may conduct reference and employment verifications prior to an offer of employment. Please sign the Disclosure Authorization and Release form below. It will be used when former employers request employee authorization prior to releasing employment information.



3825 Riverlakes Drive, Bakersfield, CA 93312 (661)392-2000 www.norfun.org

DISCLOSURE AUTHORIZATION AND RELEASE

RE: REFERENCE CHECK FOR EMPLOYMENT

TO WHOM IT MAY CONCERN:

I have applied for employment with North of the River Recreation and Park District. I hereby consent to the release of any and all information regarding my employment, job performance and any other pertinent information that you may have to any authorized employee, representative, or agent of North of the River Recreation and Park District. This information may be provided either verbally or in writing. This includes, but is not limited to, employment and education records and transcripts which you may possess, whether or not such records or information are confidential, privileged and/or of a derogatory nature.

In addition to authorizing the release of any information regarding my employment, I hereby direct you to release the requested information, records and/or transcripts upon request of the bearer. I understand that the information and records provided are for the official use of the District. I specifically and permanently waive any rights I may have to review or inspect any records, transcripts or information received during the course of the District's investigation.

I hereby release, hold harmless and indemnify you, as the custodian of any such records, my present and former employer(s), the District, and any educational institution which I may have attended, including all officers, agents, employees, representatives, or other personnel of any of those entities both individually and collectively, from any and all liability, damage, suits, actions or claims of whatever kind, that may directly or indirectly result from compliance with this authorization or any attempt to comply with it, by any person or party, whether such information is favorable or unfavorable to me.

A photocopy of this release form shall be as valid as the original. I acknowledge that I am entitled to a copy of this authorization and release of liability.

CIONIATIIDE	DATE
SIGNATURE:	DATE



APPLICANT DATA RECORD

DATE:	POSITION APPLIE) FOR:		
AGE:	Male □	Female □		
provide the following info for Employment solely for reporting and other legal	rmation. This data wil r research purposes of requirements. All info r cooperation in provid	I be kept in a conf nly to help us com rmation will be us	e District requests that applicants volunta fidential file separate from the Application apply with government record keeping, sed in accordance with the state and on is essential to the success of the	
			on how you heard about this job recruitment source is. Please check on	е
 □ Walk-in □ NOR Website (norfun □ Other internet site (sp □ Newspaper (specify) □ Friend/relative (name) □ Employment Agency 	ecify)			
EDUCATION: (Please ch ☐ Not a HS Graduate ☐ HS Diploma/GED ☐ Some College	neck the highest level a	achieved):	□ College Degree:	
ETHNIC ORIGIN: (Please	e check one)			
□ White / Caucasian□ Black / African/America□ Hispanic□ Fillipino	an		□ American Indian / Alaskan Native□ Asian / Pacific Islander□ Other:	



APPLICANT NAME:	
APPLICATION DATE:	

		IDDITIONAL WORK EXPERIEN	
Company Name:			Phone:
Address:		City:	State: Zip:
Type of Business:		Supervisor:	Phone:
Job Title:	Start date:	End date:	FT \square PT \square Seasonal \square Volunteer \square
Work performed:			
Reason for leaving:			May we contact this employer? Y □ N □ Later □
Company Namo:			
Address:		City.	PIIUIE
Audress:		UIIY:	State: ZIp:
Type of Business:	Chalala	Supervisor:	PHONE:
Work performed:	_Start date:_	End date:	FT 🗆 PT 🗆 Seasonal 🗆 Volunteer 🗆
Reason for leaving:			
			May we contact this employer? Y \Box N \Box Later \Box
Company Name:			Phone:
Address:		City:	State: Zip:
Type of Business:		Supervisor:	Phone:
Job Title:	Start date:	' End date:	FT \sqcap PT \sqcap Seasonal \sqcap Volunteer \sqcap
Work performed:			
			May we contact this employer? Y \Box N \Box Later \Box
Company Name:			Phone:
Address:		City:	State:Zip:
Type of Business:		Supervisor:	Phone:
Job Title:	Start date:	End date:	FT □ PT □ Seasonal □ Volunteer □
Work performed:			
Reason for leaving:			
			May we contact this employer? Y \Box N \Box Later \Box
Explain any gaps in work history	:		
Additional Information:			
	Reason for leaving: Company Name: Address: Type of Business: Job Title: Work performed: Reason for leaving: Type of Business: Job Title: Work performed: Reason for leaving: Company Name: Address: Type of Business: Job Title: Work performed: Reason for leaving: Reason for leaving: Explain any gaps in work history	Reason for leaving: Company Name: Address: Type of Business: Job Title: Work performed: Reason for leaving: Company Name: Address: Type of Business: Job Title: Work performed: Reason for leaving: Company Name: Address: Type of Business: Job Title: Work performed: Reason for leaving: Company Name: Address: Type of Business: Job Title: Start date: Work performed: Explain any gaps in work history:	