



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.

OFFICE SPECIALIST - MAINTENANCE — FULL TIME

A typing certificate of a minimum 50 wpm is required upon applying.

DEADLINE TO APPLY: Tuesday, August 31, 2021

HOW TO APPLY: If interested, please submit the following to the Personnel Office located at the District's Riverlakes Administrative Complex, 3825 Riverlakes Drive, Bakersfield, Ca. 93312, in-person or postal mail, fax to 661-589-9004, or email to egrijalva@norrecreation.org.

- A District Employment Application (resume's not accepted in lieu of District Application), the Supplement to the Application and a typing certificate of a minimum 50 wpm.
- Current employees can submit an Employee Job Interest form or an updated application, the Supplement to the Application and a typing certificate of a minimum 50 wpm (certificate required if not on file with Personnel for any past positions with the NOR).

BASIC FUNCTION: Performs specialized support activities requiring extensive knowledge and experience for the operation of the Park/Maintenance Division.

SALARY: START RATE: \$17.14 – \$18.90 DOE.

MAXIMUM RATE: \$22.97

QUALIFICATIONS: Equivalent to high school graduate and 4 years experience in clerical, general computer and office experience directly related to the area of assignment. College level course work related to the assigned area preferred. Typewrite a minimum of 50 net words per minute. A valid California Driver's License with a driving record within District safety standards. Must be able to obtain any certification required for the essential job duties within the assigned area. Knowledge of statistical methods; data compilation methods; inventory maintenance principles; customer service principles; general office procedures, methods, and equipment; proper telephone procedures; filing and recordkeeping principles; mathematical concepts; proper grammar, spelling and punctuation; extensive knowledge of word processing software such as Microsoft Word; data base software, such as Microsoft Access; spreadsheet software, such as Microsoft Excel, and email, such as Microsoft Outlook. Ability to perform advanced level support duties applying an extensive amount of initiative and independent judgment to perform duties within standardized and established policies; develop an extensive understanding of specialized subject matter unique to the work area and train others; exercise a high degree of confidentiality; perform clerical work involving extensive independent judgment and discretion, speed and accuracy; prepare, conduct and attend meetings; use standard office equipment; operate computers and be proficient in the use of related software applications; handle cash and make change; conduct research and compile data; maintain various records and files; prepare a variety of reports; process forms using established guidelines; enter information into a database; read and verify information; perform multiple tasks simultaneously; prioritize work; lead, train, assign and direct the work of others; work under pressure, interact with others; deal tactfully and work closely with employees, supervisors, the public, and outside agencies; communicate and follow instructions both verbally and in written form; be dependable, maintain attendance and punctuality and ready to begin work at the start of each shift; and on occasion work various shifts to include weekdays, evenings and/or weekends. 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 correction and feedback from a supervisor.

PHYSICAL DEMANDS AND WORK ENVIRONMENT: Standard office environment and working conditions that include a moderate noise level. Indoor work environment, sitting at a desk for long periods of time, heavy computer operation; and may require to commute from site to site as needed. Regularly required to communicate with the supervisor, co-workers the public and outside agencies either by telephone, computer, or in person. 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.

DUTIES AND RESPONSIBILITIES: The following typical tasks and responsibilities are representative of the position's essential duties. May not be assigned all duties listed, nor does this cover all duties which may be assigned.

- CLERICAL SUPPORT – Routes or answers routine or complicated questions in person or on telephone related to Division operations and/or investigate complaints and issues and take steps to resolve them; types and revises material such as correspondence, reports, tabular material and forms from rough draft, corrected copy, verbal instruction or previous version displayed on computer screen adding and deleting appropriate information; create and maintain a variety of complex spreadsheets and databases; compile and analyze a variety of information; gather data and statistics for assigned area of responsibility; and prepare related reports; process a variety of forms and paperwork using established procedures; and assist division staff with invoices and time records as needed.
- RECORDS/REPORTS - Routes work orders for facility maintenance staff; maintains division assets and other assigned inventory updating replacements and discontinuation of division equipment; maintains records and reports to include vehicles, District phones and cellphones, utilities, backflows, keys and alarms, call for repairs, report on issues and work with supervisors and vendors.
- DISTRICT SECURITY/SAFETY - Oversees District keys and alarm company, issues keys, maintains key safe, initiate door/key and alarm repairs and maintains records of keys and alarm codes issued; maintain District safety supplies; maintain data base of all safety reports and informs safety issues to proper district personnel.
- Operate specialized computer software and equipment unique to area of responsibility (i.e.: live scan machine)
- May serve as a lead, to include assign and monitor work, train employees on work methods, provide direction and coordinate projects in assigned area of responsibility.
- Inventory office supplies and reports on shortages or orders as needed.
- Attends meetings and take minutes.
- Attends trainings as recommended by supervisor and maintains the required training designated for the position.
- Assists other departments as needed.
- Performs other duties of similar nature or level as required.

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 participants and co-workers in a positive and courteous manner
- Responsible for the efficient and effective delivery of services.

ADDENDUM TO APPLICATION FOR OFFICE POSITIONS

NAME: _____ DATE: _____

POSITION APPLYING FOR: _____

Typing/Word Processing

Keyboarding/typing certificate: WPM _____ Date of latest test: _____

Data Entry: Yes No Numbers Data Combination

Check the types of computer/input work you have performed and can demonstrate.

- | | |
|---|--|
| <input type="checkbox"/> Letters from draft | <input type="checkbox"/> Calendar maintenance/scheduling |
| <input type="checkbox"/> Light typing/word processing | <input type="checkbox"/> Internet research |
| <input type="checkbox"/> Heavy typing/word processing | <input type="checkbox"/> PowerPoint presentations |
| <input type="checkbox"/> Document editing | <input type="checkbox"/> Statistical reports |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Numerical listings |
| <input type="checkbox"/> Form design/update | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Database maintenance | <input type="checkbox"/> Document imaging |

Check the software you have used on a regular basis and can demonstrate.

- | | |
|--|--|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Internet User |
| <input type="checkbox"/> MS Outlook | <input type="checkbox"/> Any Registration Programs (Specify) _____ |
| <input type="checkbox"/> MS Word | _____ |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> MS Excel | _____ |
| <input type="checkbox"/> MS PowerPoint | _____ |

Office Equipment

Check the types of office equipment you have used and rate your ability 1-3. 1=some knowledge/exp; 2=good knowledge/exp; 3=highly skilled.

- | | |
|--|---|
| <input type="checkbox"/> _____ Personal computer | <input type="checkbox"/> _____ Multi-line telephone: # of lines _____ |
| <input type="checkbox"/> _____ Lap-top computer | <input type="checkbox"/> _____ 10-key adding machine/calculator |
| <input type="checkbox"/> _____ Printer | By touch _____ by sight _____ |
| <input type="checkbox"/> _____ Scanner | <input type="checkbox"/> Other office equipment used: _____ |
| <input type="checkbox"/> _____ Multi-function copy machine | _____ |
| <input type="checkbox"/> _____ FAX machine | _____ |

Office Skills

Check the types of duties you have performed and can demonstrate.

- Filing: Alphabetical Numerical Other (describe)
- Bookkeeping: Accounts Receivable Accounts Payable Payroll Other (describe)
- Dispatching: radio computer-aided dispatch
- Deposits
- Cashiering experience:

List the type(s) of environment (retail, food industry, etc): _____

- Office Receptionist experience:

<u>Type of Office</u>	<u>Size of Office</u>	<u>Dates Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Research/archival skills (describe): _____

Other related office skills: _____

Public Contact

- Receptionist: small office large office
- Answering telephones
- Screening telephone calls
- Screening visitors
- Call center duties
 - Providing information by telephone
 - Providing information in person
- Responding to complaints in person in writing
- Customer Service
 - Sales/collection of cash
 - Collection of overdue accounts
 - Follow-up in writing
- Activity/project coordination (describe): _____

Customer Service skills other than those listed above (describe): _____

List any other types of public contact: _____

Training

List all courses/training completed in office practices, secretarial science, bookkeeping, accounting, or related areas: _____



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.
- 7.

01/2018

PERSONAL INFORMATION

NAME: _____	APPLICATION DATE: _____
ADDRESS: _____	
<small>Number Street</small>	<small>City</small>
<small>State</small>	<small>Zip Code</small>
HOME PHONE: _____	BUSINESS/MESSAGE PHONE: _____
CELL PHONE: _____	E-MAIL: _____

The best number to reach you would be (check any that apply): Home___ Cell___ Business___ E-mail___

Are you currently employed? Y <input type="checkbox"/> N <input type="checkbox"/>	May we contact your current employer? Y <input type="checkbox"/> N <input type="checkbox"/>	
HOW DID YOU HEAR ABOUT THIS JOB OPENING?		
<input type="checkbox"/> Friend/Relative: _____	<input type="checkbox"/> District Website	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Other internet site	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (please specify): _____
What date are you available to work: _____ Are you available to work Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> If unavailable for full time, please explain:		
What days and hours are you available to work?		
Have you ever applied to, work, or volunteered with NOR? Y <input type="checkbox"/> N <input type="checkbox"/>		
(check all that apply) Applied <input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/>		
<i>If yes; state dates, positions and reason for leaving.</i>		
List any different name(s) used:		
Do you have any friends or relatives working for NOR? Y <input type="checkbox"/> N <input type="checkbox"/>	<i>If yes, state name(s) and relationship:</i>	
If hired, would you have a reliable means of transportation to and from work? Y <input type="checkbox"/> N <input type="checkbox"/>		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <i>If no, describe the functions that cannot be performed.</i>		Y <input type="checkbox"/> N <input type="checkbox"/>
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)		
Are you at least 18 years old? (if under 18, if hired, you will be required to provide a work permit)	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you legally eligible to be employed in the United States? (proof of identity and eligibility will be required upon employment)	Y <input type="checkbox"/> N <input type="checkbox"/>	

AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration without regard to sex, marital status, race, age, creed, national origin, color, religion, mental or physical disability, veteran status, medical condition, sexual orientation or any other legally protected status.

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

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

How many years experience have you had that would qualify you for this position, PAID: _____ UNPAID: _____

If any employment was under a different name, indicate name: _____

1. **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** **N** **Later**

2. **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** **N** **Later**

3. **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** **N** **Later**

4. **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** **N** **Later**

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? If yes, explain: _____ **Y** **N**

For additional experience, use an additional sheet of paper with the above information or complete the Additional Work Experience form

EDUCATION, TRAINING, AND EXPERIENCE

High School-highest grade completed: _____ Graduated: Y N GED: Y N Name & location: _____

COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS **LIST ALL APPLICABLE TO THIS POSITION.**

Name, Address, City, State, Zip	Course Of Study	# of yrs completed	Degree Or Diploma OR # of units completed

ADDITIONAL INFORMATION

Other training, skills or experience **RELATED** to the position applied for: (computers, office machines, typing speed, foreign languages, special courses, machinery, etc...)

Professional License, Certificates, or Memberships **RELATED** to position: (Title/Registration #/Expiration Date)

Have any of the licenses or certificates listed above ever been revoked or suspended? Y N

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

State any additional information you feel may be helpful:

REFERENCES *List three persons not related to you who have knowledge of your work performance.*

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ No. of Years Acquainted: _____

PERSONNEL USE ONLY:

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.



North of the River
recreation and park district

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.

SIGNATURE:

DATE:



APPLICANT DATA RECORD

DATE: _____ POSITION APPLIED FOR: _____

AGE: _____ Male Female

To further its commitment to Equal Employment Opportunity, the District requests that applicants voluntarily provide the following information. This data will be kept in a confidential file separate from the Application for Employment solely for research purposes only to help us comply with government record keeping, reporting and other legal requirements. All information will be used in accordance with the state and federal regulations. Your cooperation in providing this information is essential to the success of the research and evaluation program.

RECRUITMENT RESEARCH: We would appreciate information on how you heard about this job opportunity in order to help us determine what the most effective recruitment source is. Please check one or more.

- | | |
|--|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> School |
| <input type="checkbox"/> NOR Website (norfun.org) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other internet site (specify) | |
| <input type="checkbox"/> Newspaper (specify) | |
| <input type="checkbox"/> Friend/relative (name) | |
| <input type="checkbox"/> Employment Agency | |

EDUCATION: (Please check the highest level achieved):

- | | |
|--|--|
| <input type="checkbox"/> Not a HS Graduate | <input type="checkbox"/> College Degree: _____ |
| <input type="checkbox"/> HS Diploma/GED | _____ |
| <input type="checkbox"/> Some College | |

ETHNIC ORIGIN: (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> White / Caucasian | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Black / African/American | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Filipino | |

APPLICANT NAME: _____
APPLICATION DATE: _____

ADDITIONAL WORK EXPERIENCE

5. **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** **N** **Later**

6. **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** **N** **Later**

7. **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** **N** **Later**

8. **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** **N** **Later**

Explain any gaps in work history:

Additional Information: