



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 CLERK — PART TIME AND SUBSTITUTES

A typing certificate of a minimum 25 wpm is required upon applying.

DEADLINE TO APPLY: Open until filled.

RECRUITMENT PROCESS: Applicants meeting the minimum qualifications of the position will be invited to return for the written examination, date to be determined.

HOW TO APPLY: Online visit: <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), a typing certificate, and Questionnaire. Current employees can submit an Employee Job Interest Form, typing certificate, and Questionnaire. 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: Functions as the receptionist for customers (internal and external) at an assigned center and provides routine and repetitive clerical services and office support for the operations of the District. This is the 1st level of the Office series.

SALARY: Hourly wage starts at \$15.75 per hour; DOE.

JOB OPENINGS: Need a pool of substitute(s), to be on-call when needed for the District's Community Center(s) and Administrative Complex and Senior Adult Center. Assigned weekdays, typically between 8:00 am to 5:00 pm. This recruitment will also establish an eligibility list for future regular job openings. Successful candidates will remain on the eligibility list for a period of one year.

PHYSICAL DEMANDS AND WORK ENVIRONMENT: Standard office environment and working conditions, assigned to a front lobby or office in a community center with working conditions that include a moderate noise level. Heavy computer operations and regularly required to communicate with co-workers, supervisors, the public and outside agencies by phone or in person. Work alone or with others as assigned. May occasionally close the assigned center, walk to sport fields and assist with facility set-ups and/or take-downs.

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.

QUALIFICATIONS: Equivalent to high school graduate and 6 months experience in clerical work to include customer service and computer operations and must typewrite a minimum of 25 net words per minute. Knowledge of customer service principles; standard office procedures, methods, and equipment; proper telephone procedures and etiquette; basic filing and recordkeeping principles; basic mathematical concepts; and proper grammar, spelling and punctuation. Ability to perform duties utilizing standardized procedures within established policies; use standard office equipment; operate computers and use related software applications and become proficient with the districts registration/reservation program; do clerical work involving a degree of independent judgment and discretion, speed and accuracy; handle cash and make change; perform routine mathematical calculations; effectively interact with others; communicate and follow instructions both verbally and in written form; read and verify information; work under pressure; and be dependable, maintain attendance and punctuality and ready to begin work at the start of each shift, and 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 criticism from a supervisor.

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.

- Greets visitors and directs visitors to appropriate locations, responds to requests for information; answers routine questions.
- Performs various clerical duties utilizing standard office equipment to include: screens incoming calls and routes to proper employees; takes messages; makes photocopies; collects and receipts monies from customers; prepares and disseminates receipts; performs data entry; prepares mass mailings; types and revises material from rough draft, corrected copy, verbal instruction or previous version displayed on computer screen; and performs file searches for materials.
- Receives, sorts, stamps and distributes a variety of correspondence, deliveries, and mail, and prepares outgoing mail.
- Files documents alphabetically, numerically, or by other prescribed methods, maintains specialized reports.
- Processes routine paperwork and/or forms using established procedures; prepares related bank deposits.
- Inventory office supplies and reports on shortages or orders as needed.
- If assigned to a Community Center: regularly inspect facilities for cleanliness and safety; interact with potential renters, showing sites when requested; oversees the facility during evening, weekend, and holidays as assigned; security of the facility including locking and coding in and out as required, turn sports field lights on and off upon request, and may assist with rental set-ups and take-downs.
- Assists other departments as needed.
- Attends all required meetings and trainings as recommended by supervisor.
- Maintain required training designated for the position.
- 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.



SUPPLEMENTAL 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.

- Letters from draft, Light typing/word processing, Heavy typing/word processing, Composing documents, Editing documents, Proofreading, Form design/update, Database maintenance, Calendar maintenance/scheduling, Internet research, Presentations, Statistical reports, Numerical listings, Spreadsheets, Document imaging

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

- Windows, MS Outlook, MS Word, MS Access, MS Excel, MS PowerPoint, Adobe Acrobat, Internet User, Any Registration Programs (Specify), Other (Specify)

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.

- Personal computer, Lap-top computer, Printer, Scanner, Multi-function copy machine, FAX machine, Multi-line telephone: # of lines, 10-key adding machine/calculator, Other office equipment used

Office Skills

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

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

Special projects for other clerical positions: _____

Other related office skills: _____

Public Contact

- 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

- 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.
- Notify the Personnel Office immediately if you have a change of address, phone, or employer.
- 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.
- RESUMES may be added, but may not be substituted for completion of this application.**
- Please complete the Applicant Data Record. Avoid any other reference to religion, race, nationality or any other legally protected status.
- A separate application is required for each position.
-

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"/> Other internet site	<input type="checkbox"/> Walk-in
<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: