



EMPLOYMENT ANNOUNCEMENT

ADMINISTRATIVE CLERK I

(Internal/External Recruitment)

FINAL FILING DATE

Thursday, January 14, 2010

SALARY RANGE

\$1,915.54 to \$2,327.14

(Monthly D.O.Q.)

NATURE OF THE POSITION

Under the supervision of the assigned program manager, performs work of average difficulty in filing and general clerical, computer input and maintenance of statistical records. Performs other duties of an administrative nature within the classification.

ESSENTIAL JOB DUTIES

(Include but not limited to the following)

- Performs general office work as required.
- Transcription of letters, memoranda and other material.
- Maintains incidental records.
- Tabulates and types reports of less complex data.
- Processes forms and general communications.
- Inputs data into the Agency computer program.
- Produces reports as required.
- Must be able to assume normal duties of the Receptionist/Typist position as required in the absence of the regularly assigned employee.
- Assists the Administrative Clerk II as designated by the assigned supervisor.

EMPLOYMENT STANDARDS

- Basic knowledge of the methods, practices and terminology used in filing and/or statistical and clerical work.

- Ability to perform work of average difficulty without close supervision.
- Ability to make mathematical computations rapidly and accurately and to follow oral and written directions of assigned supervisor.
- Ability to operate various types of office equipment, including a facsimile machine, and to type at least 30 words per minute.
- Ability to compose routine letters and memoranda.
- Ability to communicate effectively both orally and in writing.
- Ability to deal tactfully and courteously with the public, other agency employees, and other government officials.
- Must be able to operate a multi-line, multi-user centralized phone system, and process incoming and outgoing mail as directed.

ESSENTIAL QUALIFICATIONS

An individual must be able to perform each essential duty satisfactorily. The requirements listed herein are representative of the knowledge, skill, and/or ability required to perform these essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Equivalent to completion of high school.
- Some degree of practical experience in a general clerical/administrative function involving those areas listed under Employment Standards.
- A GED certificate or other certification of satisfactory completion from a technical or vocational school in any area related to general office or clerical proficiency will be accepted in lieu of a high school diploma.

Skill to:

- Operate computer programs at an intermediate level or above within a Windows 98 or upgraded program environment, including electronic mail, Microsoft Excel, PowerPoint and Microsoft Word.
- Have good time-management skills and the ability to organize daily work assignments and meet stringent time frames.

License:

Mandatory to possess a valid California Driver's License at time of application, and must present a DMV printout upon request by the Employer for verification.

Applicant must also be insurable and acceptable to the insurance company providing auto insurance to the Housing Authority.

Employment is conditional upon acceptable recommendations pertaining to an examination and verification of employment information and background, as well as a pre-employment physical examination with drug screening, both at the expense of the Housing Authority.

PHYSICAL DEMANDS

Must be able to verify that physical condition is satisfactory for the requirement of the position. Employees must demonstrate the ability to satisfactorily perform the essential functions of the job, with or without reasonable accommodations for disabled individuals as defined within the Americans With Disabilities Act of 1990. Initial employment shall be conditional on such verification and determination by a required standard pre-employment physical at the expense of the employer. Existing Housing Authority employees are exempt from satisfying this criteria regarding conditionality of employment prefaced by a pre-employment physical.

To be an employee of the Housing Authority, a person must be a citizen of the United States, or an alien who has been either lawfully admitted for permanent residence, or authorized to be employed under the terms of the Immigration and Nationality Act, as amended, or as directed by the Attorney General. Must also attest to the fact that he/she is a United States citizen or alien admitted for permanent residence or authorized employment, and must provide supporting documents to show identity and employment authorization.

SELECTION PROCESS

Applications will be screened on the information submitted and part of the screening process may include a written exercise. The applicants determined to be qualified will be invited for further evaluation before an oral interview panel.

EMPLOYMENT INFORMATION AND EMPLOYEE BENEFITS

The Housing Authority

The Housing Authority of the County of Merced has been providing quality housing for the citizens of Merced County since 1942. Over the years the organization has grown and developed to meet the changing needs of its residents. The primary objective of the Housing Authority is to provide decent, safe and sanitary housing to low-income families at an affordable price. Our mission is to provide this housing within an environment that fosters the advancement of low-income families from a position of dependency to one of self-sufficiency.

In the County of Merced, the Housing Authority serves a total of 3469 households, including 2705 HCV vouchers, 557 Public Housing units, 207 Migrant Farm Labor units,

Employee Benefits

Flex Work Schedule: The Agency works a 9/80-work schedule; closed every other Friday.

Vacation: Ten days of paid vacation. An additional five days per year of annual leave is provided after completion of 5, 10, 15, and 20 years.

Holidays: 16 paid holidays annually.

Sick Leave: 12 days of paid sick leave annually with unlimited accumulation.

Retirement: The Housing Authority participates in both Social Security and Public Employee's Retirement System (CalPERS).

Deferred Compensation: The Agency offers a deferred compensation plan to all employees.

Health/Life Insurance: Employees are eligible for participation in life, medical, dental and vision insurance with a medical allowance. Dependents may participate in medical, dental and vision insurance. Employees can also participate in the Flex 125 plan.

Disability Leave and Workers' Compensation: The Housing Authority also participates in the State Disability Insurance Program and the California Housing Workers Compensation Authority.

Worksite Assignment: Assigned primarily to the Merced worksite located at 401 Lesh, Merced, but may be required to report to various worksites maintained by the Housing Authority throughout Merced County.

This is a FLSA non-exempt and union represented position.

DIRECT INQUIRES FOR EMPLOYEMNT APPLICATIONS TO

HOUSING AUTHORITY OF THE COUNTY OF MERCED

ATTN: HUMAN RESOURCES

405 'U' STREET, MERCED, CA 95341

(209) 722-3501, ext. 172

www.merced-pha.com

No resumes will be accepted in lieu of completed agency application. **All applicants must submit a complete and signed agency application and supplemental questionnaire** no later than 5:00 p.m. on the final filing date; no postmarks will be accepted. The Housing Authority will not respond to telephone or electronic inquires regarding your application status.

- ❖ **Drug/alcohol tests are conducted as part of the pre-employment physical.**
- ❖ **Criminal/background check and verification of current/previous employment are included in the pre-employment screening process.**
- ❖ **Prior to employment you must furnish proof of your identity and eligibility for employment in the United States.**
- ❖ **An equal opportunity employer.**

APPLICATION FOR EMPLOYMENT

HOUSING AUTHORITY OF THE COUNTY OF MERCED
405 'U' Street, Merced, California 95341
(209) 722-3501

INSTRUCTIONS

1. Please Type or Print in Ink.
2. Complete ALL PAGES of this application.
3. Keep this office informed of ANY CHANGES in your address or phone number.

NOTE: Applications not properly completed with all requested information will be subject to rejection.

NAME: _____ PHONE: _____
(Last) (First) (MI)

MAILING ADDRESS: _____
(P.O. Box) (Street Address)

(City) (State) (Zip Code)

Name And Phone Number Of A Person Who Can Always Reach You

Your Social Security Number

POSITION APPLIED FOR: _____

1. If employed, can you provide proof of age? Yes [] No []
(Employment is subject to verification that applicant's age meets legal requirements. Verification must be provided within your first 3 working days.)

2. Have you ever been employed by the Housing Authority? Yes [] No []

3. Is any member of your immediate family now employed by the Housing Authority? Yes [] No []

If "YES", to whom are you are related? _____

What is their **relationship** to you? _____
(Employment may be subject to restrictions of current nepotism policy regarding the definition of "immediate family.")

4. Were you ever discharged, rejected during a probationary period, or have you resigned under pressure of unfavorable circumstances from any employment? Yes [] No []

If "YES", explain fully: _____

5. Are you applying for veteran's preference consideration? Yes [] No []
(If "Yes", submit a copy of form DD-214 verifying eligible service along with your application BEFORE the final filing date.)

6. Please list any languages in addition to English that you speak or write well enough to act as an interpreter: _____

7. Have you ever been convicted by any court of an offense either under your current name or any other name? Yes [] No []

If, Yes, give details below. (Conviction is not necessarily disqualifying. Each case will be evaluated on its own merits, and its applicability to this position. You may omit traffic violations, juvenile offenses or any incident that has been sealed, eradicated, expunged, or judicially dismissed.)

8. Do you possess a VALID California driver's license? Yes [] No []

License No: _____ Expiration Date: _____

9. Are there any hours, shifts, or days you cannot or will not work? Yes [] No []

If "Yes", please explain: _____

10. Are you legally eligible for employment in the United States? Yes [] No []
(Successful candidate will be required to provide proof of identity and eligibility for employment within 3 days of beginning employment.)

11. If you are selected the successful candidate for this position, on what date will you be available for work? _____



EDUCATION AND EXPERIENCE

High School: 9 10 11 12 High School Graduate? Yes [] No []
(Circle the HIGHEST Grade You Completed)

If you DID NOT graduate, do you have a GED certificate? Yes [] No []

Name of High School _____

Location of School _____

APPLICATION FOR EMPLOYMENT
Housing Authority Of The County Of Merced
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Name And Location Of College(s) or University(s) Attended	Major Course Of Study	Unit	Credits	Degree Type	Degree Date
		Semester	Quarterly		
Business, Correspondence or Trade Schools Attended		Course Of Study		Certificate Type/Date	

EMPLOYMENT EXPERIENCE

INSTRUCTIONS: Fill out ALL AREAS below. List each job held. Start with your PRESENT or last job. Include military and volunteer activities. (Attach an additional sheet for more than 3 employers.) Failure to provide all information may result in your application being considered incomplete.

DO NOT MERELY ATTACH A RESUME WITH A NOTATION TO "SEE ATTACHED RESUME".

#1. Employer:	Work Performed:	Dates Employed:
<u>Address, City, State, Zip Code:</u>		Job Title:
Supervisor's Name:		Salary Starting: Salary Ending:
Phone #: ()		Per: [] hr. [] month
Reason For Leaving:		

#2. Employer:	Work Performed:	Dates Employed:
<u>Address, City, State, Zip Code:</u>		Job Title:
Supervisor's Name:		Salary Starting: Salary Ending:
Phone #: ()		Per: [] hr. [] month
Reason For Leaving:		

#3. Employer:	Work Performed:	Dates Employed:
<u>Address, City, State, Zip Code:</u>		Job Title:
Supervisor's Name:		Salary Starting: Salary Ending:
Phone #: ()		Per: [] hr. [] month
Reason For Leaving:		

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List below any additional information which will aid the Housing Authority in the evaluation of your qualifications for the position for which you are applying. As an example, you may list any special licenses, certificates or honors you have which are applicable. Attach additional sheets if necessary.

Date Issued	Type of special license, certificate or honor

In addition, list any equipment such as typewriter, other office equipment, large outdoor equipment or power tools in which you are experienced in operating, that may be applicable to the position for which you are applying .

Equipment Type	Describe Applicable Experience

List any computer software programs you have used, and rate your proficiency level:

Program Name	Level Of Expertise (Check One):		
	Beginner	Intermediate	Expert

Certification of material facts/representation:

"I hereby authorize investigation of all statements as provided by me in this application as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract or offer of employment. In the event I am subsequently employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further certify that the answers given herein are true and complete to the best of my knowledge.

 Signature of Applicant

 Date

ATTACH RESUME OR OTHER SUBMITTALS TO THIS APPLICATION FOR CONSIDERATION
 (Revised 2/04)

HOUSING AUTHORITY OF THE COUNTY OF MERCED

Supplemental Application For The Position Of:

ADMINISTRATIVE CLERK I

This supplemental application **MUST BE COMPLETED AND RETURNED** with the regular Agency employment application. Attach additional pages if needed to completely answer the following questions to the best of your ability.

Your Name: _____

1. Please explain what specific types of office work you have performed in the past, and describe the general types of offices that you have worked in (such as doctor's, school, lawyer's, etc.).

2. Summarize your current proficiency in computer use, especially regarding experience in inputting data and producing reports. Experience in using word processing software should also be noted.

(Continue On Back Of Sheet)

Supplemental Questionnaire


3. In your clerical background, describe any positions in which you functioned as a receptionist either in a full or part-time position, and the level of customer service interaction you had with clients, either in person or on the phone, or both.

Please answer the following question **IN YOUR OWN HANDWRITING**. **Do Not** print or type your response.

4. What are your **best office skills** you would bring to this position?

“I hereby certify that the statements provided herein are true and complete to the best of my knowledge. I understand that false or misleading statements or information may result in my disqualification as an applicant or subsequent discharge as an employee.”

Signed: _____ Date: _____

 Please attach this supplemental questionnaire to your employment application and return to the Housing Authority before 5:00 p.m. on the final filing date.

LIST OF EMPLOYMENT REFERENCES

As noted in this job announcement packet, this recruitment process includes a background check of all applicants for employment with the Housing Authority. While we normally utilize the employer information contained in the “Employment Experience” section of the application, many times this information is not current or sufficient for us to make a reasonable inquiry.

As our decision regarding an applicant’s status cannot be completed without sufficient investigation, please provide the following references **in addition to** any you have listed within the “Employment Experience” section of the application. **Failure to fill out either the Employment Experience section of the application, or this form, will result in your application being declared “Incomplete.”** References listed on this form should be persons who have worked with you, or have supervised you in recent past or current employment situations. They should be persons for whom you can provide a current mailing address and/or phone number to enable us to contact them in a timely manner.

Prior to furnishing their personal information to the Housing Authority, you should contact your references and advise them of your intent to include them as a background resource. Both yourself and your references should understand that failure to respond to a background inquiry within a specified timeframe may compromise your ability to be considered as a finalist for the position. Information provided by your references will be maintained as *confidential* to the full extent allowed by law, and the Housing Authority may advise you regarding the results of the background disclosures.

Please fill out the back side of this form, and return it to the Housing Authority along with your employment application; supplemental application; affirmative action data sheet (optional), your resume, and any other pertinent documents. Please be advised that you should only attach copies of important personal documents rather than originals, as we cannot be responsible for insuring their safe and prompt return.

COMPLETE OTHER SIDE OF FORM AND RETURN WITH APPLICATION

Your Name: _____

Position Applied For: _____

Please state COMPLETE addresses including city and zip code.

1. **Personal References:**

Name: _____

Phone #: () _____

Mailing Address: _____ City _____ Zip _____

Title: _____

Business Name Or Relationship Status _____

Date Employed Or Years Associated With You _____

Type(s) Of Work Performed: _____

Is This Person Related To You By Marriage Or Birth? [] Yes [] No

Name: _____

Phone #: () _____

Mailing Address: _____ City _____ Zip _____

Title: _____

Business Name Or Relationship Status: _____

Date Employed Or Years Associated With You _____

Type(s) Of Work Performed: _____

Is This Person Related To You By Marriage Or Birth? [] Yes [] No

2. **Past Supervisors:**

Name: _____

Phone #: () _____

Title: _____

Business Name: _____

Mailing Address: _____ City _____ Zip _____

Approximate Employment Dates: _____

Your Job Title: _____

Is This Person Related To You By Marriage Or Birth? [] Yes [] No

Name: _____

Phone #: () _____

Title: _____

Business Name: _____

Mailing Address: _____ City _____ Zip _____

Approximate Employment Dates: _____

Your Job Title: _____

Is This Person Related To You By Marriage Or Birth? [] Yes [] No

AFFIRMATIVE ACTION DATA - OPTIONAL

Applicants do not have to complete this part to be considered for employment. This information is being collected for statistical purposes only. Your answers will not affect the hiring process or hiring decisions. The Housing Authority of the County of Merced does not discriminate in matters of employment because of race, color, national origin, marital status, sex, religion, age or handicap.

INSTRUCTIONS: Please place an "X" in front of the item that answers each of the following questions:

A. Of which racial/ethnic group do you consider yourself?

1.] WHITE: (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East), not of Hispanic origin.
2.] BLACK: (A person having origins in any of the black racial groups of Africa), not of Hispanic origin.
3.] HISPANIC: (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent or culture should be included. In addition, the category does not include persons from Portugal, who should be classified according to race.
4.] ASIAN or PACIFIC ISLANDER: (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.)
5.] AMERICAN INDIAN or ALASKA NATIVE: (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.)

B. What is your sex?

1.] Male
2.] Female

C. Are you a military veteran?

1.] Yes
2.] No

D. Are you a Vietnam Era Vet?

- (Aug. 5, 1964 to May 7, 1975)
1.] Yes
 2.] No

E. What is your age group?

1.] Under 18 years
2.] 18 - 25 years
3.] 26 - 35 years
4.] 36 - 39 years
5.] 40-50 years
6.] 51-60 years
7.] Over 60 years

F. How did you know about this job opening?

1.] Newspaper
2.] Friend or Relative
3.] Posting at other agency/organization
4.] EDD, PITD or CVOC referral
5.] Church Bulletin
6.] Internet Web Site
7.] Other

G. Are you currently receiving Section 8 rental assistance through the Housing Authority?]Yes] No

H. Are you currently renting a Housing Authority unit?] Yes] No

PLEASE RETURN THIS SHEET WITH YOUR COMPLETED APPLICATION