



**THE CITY OF MARTINEZ INVITES APPLICATIONS FOR**

**GENERAL LABORER - HOURLY**

**(TEMP/SEASONAL - PART TIME)**

**SALARY:**

\$12 to \$15+/hour depending on experience. This position is not eligible for City benefits, paid sick leave will be accrued in accordance with the Healthy Workplaces/Healthy Families Act of 2014 (Assembly Bill 1522).

**HOURS:**

This is a part-time seasonal position of up to 20 hours per week. Maximum 1000 hours per fiscal year.

**FILING DEADLINE:**

Apply as soon as possible. May close at any time. First review of applications will be completed Wednesday, September 20, 2017 at 5:00 pm. Applications received by the Human Resources Division after Wednesday, September 20, 2017 will be reviewed on an ongoing basis as the seasonal staffing needs require.

**APPLICATIONS:**

Temporary/Seasonal application forms available from the **Human Resources Division**, located at 525 Henrietta Street, Martinez, CA 94553. Applications are also available by calling (925) 372-3507 or emailing to [jobs@cityofmartinez.org](mailto:jobs@cityofmartinez.org).

**THE POSITION:**

Under the direction of the Senior Center Supervisor, will be responsible for cleaning inside and outside of building, class room activity set-up and clean-up and keeping areas neat and tidy.

**TYPICAL DUTIES & RESPONSIBILITIES:**

Performs a variety of routine, physical tasks, and other work as required. Duties may include, but are not limited to the following: Set up of table/chairs and equipment, vacuum, sweep, mop, empty garbage and recycling; pick up trash around outside perimeter of facility.

**REQUIREMENTS:**

**Minimum:** Must be a minimum of 18 years old, have the ability to follow oral/written instructions, and be in good physical condition to perform strenuous outdoor work. Must have valid California driver's license.

**SELECTION PROCESS:**

A select number of the most experienced and best qualified applicants will be invited to interview.

**NOTES TO APPLICANTS:**

**DISABLED APPLICANTS:** The Human Resources Division will make reasonable efforts in the examination process to accommodate disabled applicants. Please advise the Division of any special needs in advance of the examination.

**VERIFICATION OF EMPLOYMENT ELIGIBILITY:**

As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment after November 6, 1986, must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including but not limited to, United States Passport; State-issued Driver's License; Social Security Card; Birth Certificate; other acceptable documents that establish identity and eligibility to work in the United States.

THE CITY OF MARTINEZ HAS ADOPTED ORDINANCE 1057 C.S. WHICH PROVIDES EMPLOYEES WITH A SMOKE-FREE WORKING ENVIRONMENT.

THE INFORMATION CONTAINED HEREIN IS SUBJECT TO CHANGE AND DOES NOT  
CONSTITUTE EITHER AN EXPRESSED OR AN IMPLIED CONTRACT. THE  
CITY OF MARTINEZ IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE  
BASIS OF DISABILITIES IN CONFORMANCE WITH  
THE AMERICANS WITH DISABILITIES ACT



OFFICE USE ONLY

START:  
POSITION:  
DEPT.:  
PAY:  
ACTIVITY #:

### TEMPORARY APPLICATION

**Not for Use in Police Department or Recreation Services**

PERSONNEL DEPT 525 HENRIETTA ST, MARTINEZ, CA 94553 (925) 372-3522

WEBSITE: [WWW.CITYOFMARTINEZ.ORG](http://WWW.CITYOFMARTINEZ.ORG); EMAIL: [JOBS@CITYOFMARTINEZ.ORG](mailto:JOBS@CITYOFMARTINEZ.ORG)

AN EQUAL OPPORTUNITY EMPLOYER

PARKS \_\_\_\_\_ MAINTENANCE \_\_\_\_\_ CLERICAL \_\_\_\_\_ OTHER \_\_\_\_\_

NAME: \_\_\_\_\_

Last First Middle

ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
Number Street City State Zip

CELL PHONE #: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER NAMES YOU HAVE USED OR ARE KNOWN BY: \_\_\_\_\_

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

Name Address Phone #

ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF MARTINEZ? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE LIST BELOW

DO YOU POSSESS A VALID CA DRIVER'S LICENSE? \_\_\_\_ YES \_\_\_\_ NO IF YES, LIST YOUR DL#: \_\_\_\_\_

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? \_\_\_\_ YES \_\_\_\_ NO

**IMMIGRATION REFORM & CONTROL ACT: AFTER EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES**

OFFICE SKILLS: Typing speed: \_\_\_\_\_ Ten-key speed: \_\_\_\_\_ Office Machines: \_\_\_\_\_

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 G.E.D. \_\_\_\_\_ COLLEGE 1 2 3 4

HIGH SCHOOL &/OR COLLEGES ATTENDED	LOCATION	FROM	TO	UNITS COMPLETED		MAJOR SUBJECT	DEGREE
				SEM	QTR		

I AM AVAILABLE TO WORK RIGHT NOW \_\_\_\_ (YES) \_\_\_\_ (NO) IF NO, DATE AVAILABLE TO WORK: \_\_\_\_\_

**EMPLOYMENT RECORD: BEGIN WITH PRESENT OR MOST RECENT POSITION. LIST WORK RECORD FOR THE PAST TEN YEARS, AND INCLUDE ANY OTHER PERTINENT EXPERIENCE. NOTE: ALL BOXES IN THIS SECTION MUST BE COMPLETED; A RESUME WILL NOT QUALIFY AS A SUBSTITUTE FOR COMPLETING THIS SECTION. YOU MAY ATTACH A RESUME OR ADDITIONAL SHEETS IN ADDITION TO COMPLETING THIS SECTION IF DESIRED.**

FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:	
NAME AND ADDRESS OF EMPLOYER:		YOUR DUTIES WERE:	
NAME AND TITLE OF YOUR SUPERVISOR:			
REASON FOR LEAVING:		NUMBER SUPERVISED:	PAY: STARTING:\$                      FINAL:\$
FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:	
NAME AND ADDRESS OF EMPLOYER:		YOUR DUTIES WERE:	
NAME AND TITLE OF YOUR SUPERVISOR:			
REASON FOR LEAVING:		NUMBER SUPERVISED:	PAY: STARTING:\$                      FINAL:\$
FROM: MONTHS & YEAR	TO: MONTHS & YEAR	EXACT TITLE OF POSITION:	
NAME AND ADDRESS OF EMPLOYER:		YOUR DUTIES WERE:	
NAME AND TITLE OF YOUR SUPERVISOR:			
REASON FOR LEAVING:		NUMBER SUPERVISED:	PAY: STARTING:\$                      FINAL:\$

MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, ETC?  YES  NO

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR A POSITION OF EMPLOYMENT WITH THE CITY OF MARTINEZ ARE TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL BE CAUSE FOR DISQUALIFICATION OR TERMINATION. I UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL, AS A CONDITION OF EMPLOYMENT, BE REQUIRED TO SUBMIT PROOF OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES ON MY FIRST DAY OF EMPLOYMENT.

DATE: \_\_\_\_\_ FULL SIGNATURE: \_\_\_\_\_