



THE CITY OF MARTINEZ INVITES APPLICATIONS FOR

HUMAN RESOURCES ASSISTANT

(Temporary-Part Time)

- SALARY:** \$10.50 - \$18/hr + 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). This position participates in Social Security.
- HOURS:** Flexibly set hours up to 20/week during normal City Hall business hours (8am-5pm, Mon-Fri). Maximum 1000 hours per fiscal year.
- FILING DATE:** **First review of applications is Friday, April 20, 2018 at 5:00 p.m.** Applications received by the Human Resources Division after Friday, April 20, 2018 at 5:00 p.m. will be reviewed on an ongoing basis as needed.
- APPLICATIONS:** 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 email mzavala@cityofmartinez.org. **YOU MAY SUBMIT A RESUME, HOWEVER, RESUMES NOT ACCEPTED IN LIEU OF COMPLETED CITY APPLICATION FORM.**
- THE POSITION:** Under general direction, the Human Resources Assistant will assist in the day to day activities and functions of the Human Resources Division.
- TYPICAL DUTIES & RESPONSIBILITIES:** Typical duties involve assisting in the areas of recruitment, new hire processing, employee recognition program, database entries into the Human Resources Information System (HRIS) using MUNIS software, wellness events, mailing processing and distribution, processing invoices for payment, ordering supplies, filing and maintaining confidential personnel files, and other miscellaneous duties as assigned.
- QUALIFICATIONS:** Minimum: High School graduate or equivalent, ability to type 40 wpm, excellent computer skill including the Microsoft Office suite, valid California Driver's license, and the ability to pass the livescan background investigation. 1-year office experience required, 2 years preferred. Special consideration will be given to those candidates enrolled in Human Resource coursework or with Human Resource experience.
- Knowledge & Abilities:** Knowledge of modern office procedures and equipment; knowledge of correct English usage, spelling, grammar, punctuation, and vocabulary; ability to perform arithmetic calculations; ability to follow written and oral instructions; ability to communicate with and serve the general public; ability to work effectively with follow employees.
- 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; EMAIL: 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 SEM	QTR	MAJOR SUBJECT	DEGREE

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:
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:
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:

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: _____