



## Los Osos Community Services District Employment Opportunity

### **ADMINISTRATIVE CLERK I**

**Beginning Salary - \$17.36/hour plus benefits**

**President**

Marshall E. Ochylski

**Vice President**

Charles L. Cesena

**Directors**

Matthew D. Fourcroy  
Vicki L. Milledge  
Christine M. Womack

**General Manager**

Renee Osborne

**District Accountant**

Robert Stilts, CPA

**Unit Chief**

Scott M. Jalbert

**Battalion Chief**

George Huang

The Los Osos Community Services District is currently accepting applications for a full-time Administrative Clerk position to perform a wide variety of general clerical duties including reception and customer service.

Applicant must be a high school graduate or any combination of education and experience equivalent to graduation from high school; two (2) years of increasingly responsible clerical and secretarial experience; and possess and maintain a valid California driver's license.

Application packets are available on the District website [www.losososcsd.org](http://www.losososcsd.org) and for pickup at the District office located at 2122 9<sup>th</sup> Street, Suite 102, Los Osos between the hours of 9:00 a.m. to 3:00 p.m.

Completed applications will be accepted until 3:00 p.m. on Friday, June 21, 2019.

**Mailing Address:**

P.O. Box 6064  
Los Osos, CA 93412

**Offices:**

2122 9<sup>th</sup> Street, Suite 110  
Los Osos, CA 93402

**Phone:** 805/528-9370

**FAX:** 805/528-9377

[www.losososcsd.org](http://www.losososcsd.org)

## 7040 ADMINISTRATIVE CLERK I / II / III

### 1. DEFINITION:

Under the supervision of the Administrative Services Manager, performs a wide variety of general clerical duties including: reception; public information; customer service; receive water bill payments, activation fees, and other fees for the District; word processing; filing; copying; operation of automated office equipment including personal computers, facsimile, electronic copiers, printers, calculators, etc., and other related work as required.

### 2. TYPICAL TASKS:

- Answer multi-line phone
- Assist the public in person and on the telephone, or direct inquiries to staff qualified to provide answers
- Provide information and assistance to customers regarding their water accounts; receive payments; issue receipts
- Provide information and assistance to office and field personnel regarding customer accounts
- Receive and process all incoming mail
- Monitor fax machine and distribute incoming faxes
- Prepare correspondence and/or documents from rough draft or copies
- Filing, copy work, and proofreading, as needed
- Assist in preparation of Accounts Payable vouchers and blanket Purchase Orders
- Maintenance of reception, conference and common areas
- Maintain the District website
- Maintain the District Community Calendar on Channel 20
- Handle money, count back change accurately, perform basic math calculations
- Balance the cash drawer for the cash water payments received , provide the Utility Billing Specialist with cash payments and receipts record of same to be credited to customer accounts
- Provide backup in producing utility billing in the absence of the Utility Billing Specialist
- Provide backup at Board of Director and Advisory Committee meetings, taking and transcribing minutes in the absence of the Administrative Services Manager
- Provide assistance to the Administrative Services Manager in producing and publishing Board of Director and Advisory Committee meeting agendas and meeting packets

### 3. EMPLOYMENT STANDARDS:

#### Knowledge of:

- Appropriate procedures, practices, rules, and policies governing office methods including good customer service practices
- Office computer equipment and software including but not limited to Microsoft Office Suites (MS Outlook, MS Word, MS Excel, MS PowerPoint, and MS Access)

Ability to:

- Follow general directions
- Perform responsible reception, clerical, bookkeeping and secretarial duties
- Compose correspondence independently or from general directions
- Proficiently operate a 10-key adding machine
- Perform basic math calculations and make change accurately
- Prepare basic Excel spreadsheets
- Work independently, prioritize work and make decisions regarding correct formatting of work and implementation of same
- Meet and deal with the public and co-workers tactfully and courteously
- Maintain a cooperative relationship with those contacted in the course of work

4. EDUCATION/EXPERIENCE

Any combination of education and experience equivalent to graduation from high school; two (2) years of increasingly responsible clerical and secretarial experience

5. LICENSES/CERTIFICATES

Must possess and maintain a valid, unrestricted California driver's license

# Employment Application

**Los Osos Community Services District**  
**2122 9<sup>th</sup> Street, Suite 102, Los Osos, CA 93402**  
 Telephone (805) 528-9370 Fax (805) 528-9377 [www.losososcsl.org](http://www.losososcsl.org)

We consider applicants for all positions without regard to race, color, religion, sex, gender, sexual orientation, ancestry, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, medical condition, genetic information, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <b>Administrative Clerk I</b>	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency _____  <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
Zip		
Mailing Address (if different)		
Telephone Number(s)	Day	Evening
		Messages
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?     
  Yes     No

Have you ever filed an application with us before? If yes, give date \_\_\_\_\_     
  Yes     No

Have you ever been employed with us before? If yes, give date \_\_\_\_\_     
  Yes     No

Are you currently employed?     
  Yes     No

May we contact your present and past employers and business references?     
  Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*     
  Yes     No

Are you currently available to work:   
 Full Time   
 Part Time   
 Temporary  
 On what date would you be available for work? \_\_\_\_\_

Were you ever discharged or asked to resign from a position?     
  Yes     No

Are you currently on "lay-off" status and subject to recall?     
  Yes     No

Can you travel if a job requires it?     
  Yes     No

Have you ever been a member of the California Public Employees Retirement System (CalPERS)?  
 If yes, please state name of last CalPERS Employer \_\_\_\_\_     
  Yes     No

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

**Education**

School Name, Location and Phone Number	High School				Undergraduate College/University*				Trade School			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

\*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. **You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:**

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**Employment Experience**

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, sex, gender, sexual orientation, ancestry, national origin, mental or physical disability, medical condition, genetic information or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

4.	Employer	Dates Employed		Work Performed
		From	To	
	Telephone Numbers(s)			
	Address			
	Job Title	Supervisor		
	Reason for Leaving			

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**References**

Please provide the name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation?  Yes  No (If accommodation is necessary, please describe below)

The following documents must be attached to this application: \_\_\_\_\_ a signed Statement of Physical Requirements  
 \_\_\_\_\_ a signed Inquiry Authorization Waiver and Release

**Applicant's Statement**

- I certify that answers given herein are true and complete to the best of my knowledge and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that the Los Osos Community Services District (LOCS D) is an equal opportunity employer and does not discriminate in employment. No questions on this application are used for the purpose of limiting or excusing any Applicant from consideration for employment on a basis prohibited by local, state or federal law.
- I understand that if offered employment, the offer may be contingent on passing a pre-employment alcohol and drug screen, pre-employment physical, and criminal background check and voluntarily agree to submit to these procedures. I also understand that I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment.
- If the position applied for requires driving in the course of work, I give the District the right to investigate my DMV records and that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.
- I understand that this application for employment shall be considered active for a period of time not to exceed 90 days and that any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I understand and hereby acknowledge that there is an introductory period regarded as part of the examination process which provides the opportunity to observe and evaluate an employee's competence and ability to perform assigned duties. New and returning employees shall be regarded as an introductory employee for the first 9 months of employment and that this introductory period may be extended an additional 3 months at the discretion of the General Manager. Introductory employees serve entirely at the will and pleasure of the General Manager and may be terminated by the General Manager without cause and without right of appeal or hearing at any time during the introductory period.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the LOCS D.
- Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by LOCS D personnel, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## LOS OSOS COMMUNITY SERVICES DISTRICT STATEMENT OF PHYSICAL REQUIREMENTS

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: Attached, receipt acknowledged

### PHYSICAL ACTIVITY REQUIREMENTS

Work Position - Percentage of Time performing the following activities:

Standing	<u>  X  </u>	20%	<u>    </u>	30%	<u>    </u>	50%	<u>    </u>	70% or more
Walking	<u>  X  </u>	20%	<u>    </u>	30%	<u>    </u>	50%	<u>    </u>	70% or more
Sitting	<u>    </u>	20%	<u>    </u>	30%	<u>    </u>	50%	<u>  X  </u>	70% or more

Body Movements: None = 0  
 Occasional = 0 – ¼ work day  
 Some = ¼ - ½ work day  
 Frequent = ½ - ¾ work day  
 Continuous = ¾ - full work day

#### Lifting:

	0-20 LBs	20-40 LBs	40-60 LBs	100+ LBs
None				<b>X</b>
Occasional			<b>X</b>	
Some		<b>X</b>		
Frequent	<b>X</b>			
Continuous				

#### Push and/or Pull Loads:

	0-20 LBs	20-40 LBs	40-60 LBs	100+ LBs
None				<b>X</b>
Occasional			<b>X</b>	
Some		<b>X</b>		
Frequent	<b>X</b>			
Continuous				

#### Carrying:

	0-20 LBs	20-40 LBs	40-60 LBs	100+ LBs
None				<b>X</b>
Occasional			<b>X</b>	
Some		<b>X</b>		
Frequent	<b>X</b>			
Continuous				



Bending:     \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Kneeling/  
Squatting:   \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Reaching  
Overhead  
Stretching:   \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Climbing  
Stairs:       \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Climbing  
Ladders:      \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Crawling:     \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Working on  
Rough and/or  
Uneven  
Terrain:      \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

Handling/  
Dexterity:    \_\_\_None     X Occasional     \_\_\_Some     \_\_\_Frequent     \_\_\_Continuous

**STATEMENT BY APPLICANT**

Applicant Read and Sign:

I hereby certify that I know of no reason (medical or otherwise) that would prevent me from performing the essential job functions or the physical activity requirements of the job listed above.

I understand that the District will require me to be examined by a medical doctor selected by the District, at no cost to me, to determine my ability to perform the job related functions described above as a condition of any offer of employment by the District.

I further understand that any false statement or material omission by me in connection with such medical examination of concerning by job related physical abilities will disqualify me from employment or be cause for dismissal when the false statement or omission is discovered.

I hereby authorize the release of all medical information obtained during my medical examination to the Los Osos Community Services District.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

**LOS OSOS COMMUNITY SERVICES DISTRICT  
INQUIRY AUTHORIZATION AND WAIVER AND RELEASE**

**To Whom It May Concern:**

Having made application for employment with the Los Osos Community Services District ("District") which desires to be informed as to my previous record, character and fitness for the position sought, I hereby authorize any authorized representative of the District bearing this release, or a copy of it, within one year from its date, to obtain any information in your files pertaining to my employment, including, but not limited to, academic achievement, attendance, personal history, performance reports, background investigations, attorney and all internal affairs investigations and disciplinary records and credit reports.

I hereby direct you to release this information upon the request of the bearer. The information may be provided either verbally and/or in writing at the request of the District's representative. This release is executed with full knowledge and understanding that the information is for the official use of the District.

I explicitly state that this authorization supersedes any previous oral or written agreements limiting access to or the release of the information described above, inclusive of any internal investigation and/or disciplinary process which has been sealed pursuant to any prior agreement or court proceeding. I hereby request full and complete disclosure.

**RELEASE AND HOLD HARMLESS**

I hereby release and hold harmless you, as the custodian of such records, any college, university, or other educational institution, hospital or other repository of medical records, governmental entity, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization, or any attempt to comply with it.

I further hereby release and hold harmless the District, its officers, employees, and agents, from all liability for damages of whatever kind which may result to me, my heirs, family or associates arising from and/or related to the District's inquiries, investigations, or evaluations of information and documents pursuant to this Authorization.

These releases shall be binding on my legal representatives, heirs and assigns.

Additionally, all parties may rely on a facsimile copy of this release as though it were an original.

I acknowledge that I have read this Inquiry Waiver and Release, fully understand it, and voluntarily agree to its provisions.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Phone Number: (\_\_\_\_\_) \_\_\_\_\_