



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

2255 Del Oro Avenue; Oroville, California 95965 (530) 538-7559 FAX (530) 533-7470

INSTRUCTIONS TO APPLICANTS FOR THE POSITION OF:

SECURITY MONITOR

**SALARY
RANGE 6 (\$8.08 - \$10.05)**

IMPORTANT INFORMATION, PLEASE READ CAREFULLY!

AGENCY APPLICATION:

COMPLETE ALL PAGES OF THE APPLICATION. YOUR SIGNATURE IS REQUIRED. DO **NOT** USE "SEE RESUME" FOR ANY OF THE REQUESTED INFORMATION. **FAILURE TO PROVIDE ANY OF THE REQUIRED INFORMATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION.** APPLICATION PACKETS MAY BE HAND-DELIVERED, FAXED OR SENT BY MAIL.

COVER LETTER (REQUIRED)

RESUME (REQUIRED)

LETTERS OF RECOMMENDATION (OPTIONAL, BUT RECOMMENDED)

PLEASE SUBMIT APPLICATION PACKET IN THE FOLLOWING ORDER:

1. COVER LETTER (REQUIRED)
2. AGENCY APPLICATION (REQUIRED)
3. RESUME (REQUIRED)
4. LETTERS OF RECOMMENDATION (OPTIONAL, BUT RECOMMENDED)
5. REFERENCE & BACKGROUND CHECK PERMISSION (REQUIRED)
6. AFFIRMATIVE ACTION QUESTIONNAIRE (OPTIONAL)

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO PROVIDE ALL COPIES OF DOCUMENTS YOU ARE SUBMITTING. **THE COMMUNITY ACTION AGENCY DOES NOT MAKE COPIES FOR APPLICANTS.** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

SECURITY MONITOR

DEFINITION

Under general supervision, to be responsible for the surveillance of an Agency Community Shelter facility watching for fire, theft, vandalism, and illegal entry; and to do related work as required.

DISTINGUISHING CHARACTERISTICS

This is a specialized classification. An incumbent is responsible for the security and safety of residents and clients at an Agency Community Shelter facility during evening, late-night, and early morning hours.

CLASSIFICATIONS SUPERVISED

This is not a supervisory class.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES *(The following is used as a partial description and is not restrictive as to duties required.)*

Performs a variety of assignments including informing residents of rules and policies and enforcing rules and regulations with residents/clients; reports non-residents, residents, and clients performing suspicious or criminal acts to local authorities and proper Agency personnel; reports irregularities such as fire hazards, leaking water pipes, and unlocked office doors; calls the fire or police department by telephone in emergency situations; permits authorized persons or emergency personnel to enter the facility; reports and records information such as damage and unusual occurrences.

TYPICAL PHYSICAL REQUIREMENTS

Sits for extended periods; frequently stands and walks; ability to lift and carry object weighting up to 25 pounds; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication skills; uses office equipment including telephones, computers, and FAX.

TYPICAL WORKING CONDITIONS

Work is performed in a shelter environment; regular contact with residents and clients.

DESIRABLE QUALIFICATIONS

Knowledge of:

- Basic knowledge of the functions and procedures of the Agency Community Shelter
- Facility.
- Basic knowledge of techniques of individual and group interaction.
- First Aid practices and procedures.

Ability to:

- Effectively communicate both orally and in writing.
- Learn to counsel and control the actions of residents.
- Effectively respond to emergency or critical situations.
- Deal tactfully and courteously with people from a variety of cultural and ethnic backgrounds.
- Follow oral and written directions.
- Gather and organize data and information.
- Make mathematical calculations quickly and accurately.
- Establish and maintain cooperative working relationships.
- Use and operate a variety of office equipment.
- Effectively represent the Agency in contacts with residents and clients.
- Maintain and observe all safety precautions and practices.

Training and Experience

Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities would be: Prior experience performing security work which included public contact is desirable.

Special Requirements:

- Possession of a First Aid Certificate is desirable

CERTIFICATION:

I certify that I have read and understand the duties and responsibilities of my job description as outlined above.

Employee's Signature

Date

Print Name

Community Action Agency of Butte County, Inc. personnel are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or the Agency.

Original to Personnel File, copy to employee



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EMPLOYMENT APPLICATION

SO THAT YOU WILL RECEIVE FULL CONSIDERATION FOR EMPLOYMENT OPPORTUNITIES AT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC., PLEASE BE CERTAIN TO FILL IN ALL THE SPACES ON THE AGENCY'S APPLICATION FORM. **IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE REJECTED.**

APPLYING FOR THE POSITION OF: _____

NAME: _____
FIRST MIDDLE LAST

OTHER NAMES USED: _____

PHONE: () MESSAGE PHONE: () SOC. SEC. NO.: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: _____
IF DIFFERENT FROM STREET ADDRESS

DRIVER'S LICENSE NO.: _____ CLASS: _____ EXPIRATION DATE: _____

EMPLOYMENT ELIGIBILITY VERIFICATION:

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

LIST ANY RELATIVE NOW WORKING FOR THIS AGENCY (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY): NOT APPLICABLE

NAME: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YOU ANSWERED **YES** TO THE ABOVE QUESTION, USE THE SPACE BELOW TO EXPLAIN. (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

EDUCATION AND TRAINING

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION ON THE JOB DESCRIPTION BEFORE FILLING OUT THIS SECTION. PLEASE LIST SPECIFICS THAT QUALIFY YOU FOR THE POSITION, WHICH YOU ARE APPLYING. FAILURE TO LIST REQUIRED QUALIFICATIONS WILL ELIMINATE YOUR FROM CONSIDERATION.

TYPE OF SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR	LIST DEGREE TYPE OR DIPLOMA
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
VOCATIONAL, TRADE OR BUSINESS					

LICENSES/CERTIFICATES (ATTACH DOCUMENTATION):

EXPERIENCE AND EMPLOYMENT HISTORY:

PROVIDE THE PAST TEN (10) YEARS OR MORE OF PREVIOUS EMPLOYMENT HISTORY (FULL-TIME, PART-TIME, PAID, UNPAID OR VOLUNTEER) PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING. **DO NOT USE "SEE RESUME" FOR ANY OF THE REQUESTED INFORMATION ON THIS FORM.** RESUMES MAY BE ATTACHED, BUT WILL NOT BE ACCEPTED IN PLACE OF A PROPERLY COMPLETED CAABCI EMPLOYMENT APPLICATION FORM. ACCOUNT FOR ALL PERIODS (THREE (3) MONTHS OR MORE) OF UNEMPLOYMENT. PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				
FROM:	TO:	<u>JOB TITLE:</u>	<u>EMPLOYER NAME:</u>	<u>PHONE NO.:</u> ()
_____	_____			
(MM/DD/YYYY)	(MM/DD/YYYY)	<u>SUPERVISOR'S NAME/TITLE:</u>	<u>ADDRESS:</u>	
TOTAL: _____ YR. _____ MO.				
HOURS PER WEEK: _____		SALARY: \$ _____ PER _____	NO. SUPERVISED: _____	<u>REASON FOR LEAVING:</u>
<u>DUTIES:</u>				

LIST ANY FOREIGN LANGUAGE:

SPEAK: _____

WRITE: _____

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATIONS?

Yes No

REFERENCES: LIST BELOW THREE (3) PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE (3) YEARS. PROFESSIONAL REFERENCES ARE PREFERABLE.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE STATE ANY PREVIOUS EXPERIENCES THAT QUALIFY YOU FOR THE POSITION WHICH YOU ARE APPLYING. _____

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION FOR FURTHER CONSIDERATION FOR EMPLOYMENT AND/OR IMMEDIATE TERMINATION OF EMPLOYMENT IF DISCOVERED AT A LATER DATE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I FURTHER AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. **I UNDERSTAND THAT COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. IS AN AT-WILL EMPLOYER.**

APPLICANT'S SIGNATURE REQUIRED

DATE



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**REFERENCE AND BACKGROUND CHECK PERMISSION
FOR PROSPECTIVE EMPLOYEE**

I HEREBY AUTHORIZE FORMER EMPLOYERS OR PERSONS/COMPANIES LISTED ON MY JOB APPLICATION TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO "COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC" OR ITS AGENTS AND EMPLOYEES. I ALSO RELEASE ALL PERSONS OR COMPANIES/AGENCIES FROM ANY LIABILITY OR RESPONSIBILITY FROM DOING SO.

FURTHER, I UNDERSTAND THAT SUCH CONTACT MAY CONTAIN INFORMATION ABOUT MY BACKGROUND, CHARACTER, AND PERSONAL REPUTATION. I UNDERSTAND THAT THIS NOTICE WILL ALSO APPLY TO ANY FUTURE UPDATE REPORTS THAT MAY BE REQUESTED.

SOCIAL SECURITY NUMBER: _____-_____-_____

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

DATE: ____/____/____

