



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369 | TEL: (530) 712-2600 | FAX: (530) 895-1848

WWW.BUTTECAA.COM

Agency Application Packet for the position of:

CONSTRUCTION WORKER II

SALARY RANGE: 45 (\$11.79-\$15.12)

CLOSING DATE: *pending**

**Sufficient number of qualified applicants must be received.*

IMPORTANT INFORMATION BELOW; PLEASE READ CAREFULLY!!!

GUIDELINES:

In order to receive full consideration for employment, submission of a complete Agency Application Packet with your signature is **REQUIRED**. **DO NOT** use “*See Resume*” as an answer for any requested information. Complete application packets may be hand-delivered, faxed, e-mailed and/or sent by postal mail. Failure to complete and/or provide all of the required documentation may remove you from consideration for employment.

REQUIRED DOCUMENTATION:

- Cover Letter
- Resume
- Signed Job Description
- Employment Application
- Letters of Recommendation - minimum of two (2) letters are desired.
- Job Related Transcripts, Licenses and/or Certificates;
- Reference Check Authorization
- DMV Printout ~ *obtained from DMV within the last 30 days.*

ORDER OF APPLICATION PACKET:

- 1) Cover Letter
- 2) Resume
- 3) Signed Job Description
- 4) Employment Application
- 5) Letters of Recommendation
- 6) Job Related Transcripts, Licenses and/or Certifications
- 7) Reference Check Authorization
- 8) DMV Printout
- 9) Affirmative Action Questionnaire (*Optional*)

NOTE: *It is your responsibility to provide copies of the documentation you are submitting, we do not make copies for applicants. If any of the required documentation is missing, your submitted application packet may be removed from further consideration for employment.*

Rev. August 2016

“This Agency is an equal opportunity provider and employer.”

CONSTRUCTION WORKER II

DEFINITION

Under general supervision, to perform a variety of general maintenance, heavy physical duties, and semi-skilled work in the maintenance, rehabilitation and repair of housing and other buildings, facilities, fixtures, and building equipment; to perform weatherization projects; and to do related work as required.

DISTINGUISHING CHARACTERISTICS

This is the second experienced working level in the Construction Worker class series. Incumbents perform a variety of heavy physical labor and semi-skilled work in the maintenance, repair, and construction and weatherization of buildings and housing. This class is distinguished from Construction Worker I in that incumbents are expected to have general knowledge, skill and expertise in the construction trades. When an incumbent has demonstrated sound work habits and sufficient skills, they may be promoted to the next higher level of Construction Worker.

REPORTS TO

EES Manager, Program Coordinator or designee.

CLASSIFICATIONS SUPERVISED

This is not a supervisory classification.

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

- Performs a variety of general maintenance and semi-skilled work in the maintenance, repair, rehabilitation, weatherization, and construction of buildings, housing, and associated equipment;
- Responds to work orders and works on construction, rehabilitation, and weatherization projects;
- Performs semi-skilled trades work and assists more skilled trades workers with the completion of carpentry, electrical, plumbing, and heating and air conditioning work;
- Operates a variety of hand and power tools;
- May obtain supplies, parts, and equipment needed to complete projects;
- Transports materials and equipment to job sites;
- May perform general cleaning and maintenance of Agency facilities, as assigned;
- Complete work order records.
- May be assigned to project satellite sites including in-state as well as out-of-state work locations.

TYPICAL PHYSICAL REQUIREMENTS

Frequently stand and walk for extended periods; stoop, kneel, and crouch to pick up or move objects, office equipment, and furniture; ability to work around moving objects or vehicles; ability to perform heavy physical labor for sustained periods of time; physical ability to lift, push, and carry objects weighing up to 50 pounds without assistance and objects weighing up to 150 pounds with assistance; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; operate an automobile or truck; use hand tools and power equipment.

TYPICAL WORKING CONDITIONS

Work is performed in building and outdoor environments; work is performed in varying temperatures; exposure to dust, animals, smoke, mildew, insulation material (such as fiberglass, rock wool, cellulose, silver wool, vermiculite), or flame retardant chemicals (such as boric acids and sulfates); exposure to electrical currents; and work in confined spaces. Continuous contact with clients, general public and other staff.

MINIMUM QUALIFICATIONS

KNOWLEDGE OF:

- Practices, tools, equipment, and materials used in the building trades.
- General construction methods and procedures.
- Safe work practices and procedures applicable to building trades work.

ABILITY TO:

- Perform a variety of heavy physical labor and semi-skilled work in the maintenance and repair work of structures.
- Complete rehabilitation and weatherization of buildings, housing, and associated equipment.
- Read and understand plans, construction drawings, and blueprints.
- Recognize and locate conditions which require maintenance and repair.
- Use and care for hand and power tools used in building trades work.
- Estimate time and materials for maintenance assignments.
- Make basic mathematical calculations.
- Follow oral and written directions.
- Establish and maintain cooperative working relationships.
- Maintain and observe all safety precautions and practices.

TRAINING AND EXPERIENCE:

A typical way to obtain the required knowledge and abilities would be:

- Two (2) years of work experience in the building and construction trades; **OR**
- One (1) year of general building maintenance and construction work experience comparable to that of a Construction Worker I with Community Action Agency of Butte County, Inc.; **OR**
- Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying.

SPECIAL REQUIREMENTS:

- Possession of a valid and appropriate California Driver's License with a good driving record; eligible for Agency automobile insurance coverage per Guidelines for Drivers of Agency Owned Vehicles.
- Possession of, or ability to obtain within 12 months of being hired, a Basic PG&E Weatherization Specialist Certification or related certifications that meet program requirements.
- Pass a post-offer pre-employment background check.
- Pass a pre-employment/post-job offer drug test.

CERTIFICATION

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

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.



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369; TEL: (530) 712-2600; FAX: (530) 895-1848

WWW.BUTTECAA.COM

EMPLOYMENT APPLICATION

In order to receive full consideration for employment opportunities at Community Action Agency of Butte County, Inc., make sure to fill in all the spaces and **DO NOT** use "See Resume" as an answer for any requested information on this employment application. *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: _____
(Check box if your mailing address is the same as your street address.)

Driver's License No.: _____ **Class:** _____ **State:** _____ **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:

Provide specific education and training that qualifies you for the position in which you are applying. *Note: Before filling out this section, please read the minimum qualifications listed in the job description.*

Type of School	Name and Location	Years Completed	Did you Graduate?	Major	List Degree or Diploma
High School					
College or University					
Vocational, Trade or Business					

Licenses/Certificates: (Copies of documentation listed should be attached.)

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 in this section.** Resumes may be attached; however, it will not be accepted in place of a properly completed employment application. Additional pages may be attached; if needed. **NOTE:** Account for all periods of unemployment that continues for three (3) months or more.

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? <input type="checkbox"/> Yes - <input type="checkbox"/> No - <input type="checkbox"/> N/A				
<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>				

Experience and Employment History: (CONTINUED)

NOTE: Remove if additional experience and employment history pages are not 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>
<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>				
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. **Note:** Professional references are preferable; however, personal references are accepted.

Name	Address and/or Email	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 Signature Required

Date



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369; TEL: (530) 712-2600; FAX: (530) 895-1848

WWW.BUTTECAA.COM

REFERENCE CHECK AUTHORIZATION

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., its representatives and / or 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 Printed Name: _____

Applicant's Signature: _____

Date: ____ / ____ / ____



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

P.O. BOX 6369, CHICO, CA 95927-6369; TEL: (530) 712-2600; FAX: (530) 895-1848

WWW.BUTTECAA.COM

AFFIRMATIVE ACTION QUESTIONNAIRE

(Equal Employment Opportunity Data)

To aid the Community Action Agency of Butte County, Inc. in its commitment to Equal Employment Opportunity, we ask applicants to voluntarily provide the following information on this form in order to comply with Federal Equal Employment Opportunity Law requirements. Your cooperation in providing this information is essential to the success of the research and evaluation program.

This information is solicited on a voluntary basis and **WILL NOT** be used to make any decision about your eligibility, selection or employment. This information will be separated from the application and will only be available to authorized personnel and only for research and statistical purposes. **It WILL NOT have any effect upon your application.**

Date: _____

Name: _____
Last First Middle

Position Applied For: _____

Where did you hear about the position in which you applied? _____

Please complete the following information:

Gender: Female / Male / Choose not to identify

Race/Ethnicity: *(Identified by the Equal Employment Opportunity Commission)*

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> White (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian / other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Choose not to identify |

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Individual with a Disability |
| <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Choose not to identify |

To be completed by employer:

EEO-1 Category:

- | | |
|--|--|
| <input type="checkbox"/> 1a. Executive/Senior Level Officials & Managers | <input type="checkbox"/> 5. Administrative Support Workers |
| <input type="checkbox"/> 1b. First/Mid-Level Officials & Managers | <input type="checkbox"/> 6. Craft Workers |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives |
| <input type="checkbox"/> 3. Technicians | <input checked="" type="checkbox"/> 8. Laborers & Helpers |
| <input type="checkbox"/> 4. Sales Workers | <input type="checkbox"/> 9. Service Workers |

Employer information completed by:

Name: Lena Nine-Parish, Human Resources Representative

Date: April 13, 2017