

CAPITOL CUSTODIAN

Legislative Administration (LAC) is recruiting for one, full-time legislative session custodian that will last until June 2015. This position exists within the Facility Services Department. Facility Services is responsible for custodial services as well as building mechanical, electrical and plumbing systems.

Working hours vary but the most regular shifts are : 3:30 am to 12:00 pm; 6:00am – 2:30 pm and 8:30am – 5:00om / Monday - Friday

\$15.00 / hour

DUTIES AND RESPONSIBILITIES

The Capitol Custodian works under the supervision of the Building Services Supervisor and is responsible for daily cleaning of the Capitol and Capitol individual offices, including sanitizing of all restrooms and all Capitol public spaces according to acceptable standards. Typical duties include sweeping, vacuuming, mopping, dusting, polishing, sanitizing, and other routine custodial work. Employees also provide special event set-up and take down support as needed. Other duties include:

- Picks up paper and refuse and sweeps/mops walkways. Washes, scrubs and disinfects restrooms and related areas. Restocks restrooms with appropriate paper products.
- Vacuums, shampoos, and extracts carpeting and cleans upholstery.
- Sweeps, scrubs, mops, waxes and polishes concrete, tile, linoleum, marble, and wood floors.
- Cleans and dusts walls, woodwork, wall partitions, and other equipment.
- Cleans windows, door panels and handrails.
- Maintains equipment used in the course of work and monitors inventory.
- Picks up and sorts recycle material into the appropriate containers.
- Moves and/or rearranges chairs, furniture, tables, desks or other equipment as needed.
- Replaces light tubes/bulbs.
- Performs minor adjustments and repairs to building fixtures and equipment as directed by the Facility Manger or designee.
- **Performs other related duties as assigned**

WORKING CONDITIONS

Employee will be exposed to cleaning chemicals, which may be toxic. Exposure is limited by wearing proper safety equipment while on the job. May use machinery and tools, including buffing machines, automatic scrubbers, electric drills, etc.

Ability to stand, stoop, kneel, crawl, bend, grasp, and lift at least 50 pounds is required.

MINIMUM QUALIFICATIONS

- One (1) Year custodial/janitorial experience.
- Must be able to climb ladders and work with heights, stand, stoop, kneel, crawl, bend, grasp, squat.
- Must be able to lift 50 pounds.

TO APPLY

Applications will be accepted until the position is filled. Applications can be downloaded at:

<https://www.oregonlegislature.gov/la/Documents/LegEmpApp.pdf>

Mail, email, or deliver your application to:

Employee Services
Attention: Aimee Steketee
900 Court Street NE
Salem, OR 97301

Email: aimee.steketee@state.or.us

**Equal Opportunity / Affirmative Action Employer
Women, Minorities and Persons with Disabilities Are Encouraged to Apply
ADA Accommodations Will Be Provided Upon Request**

OREGON LEGISLATIVE BRANCH

EMPLOYMENT

APPLICATION

Employee Services
900 Court St NE Room 140-B
Salem, Oregon 97301
(503) 986-1373
www.leg.state.or.us

GENERAL INFORMATION

- **Your application must be signed or it will not be considered. If you submit your application via email, you may sign your application at the time of your interview.**
- You must apply for a specific position.
- Your application will be considered active for this position only.
- Read the job announcement carefully before you apply. Announcements contain specific instructions and requirements. It is your responsibility to submit all the required application materials.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable, with original signatures.
- Resumes will not be accepted in lieu of the employment application form unless stated in specific recruitment.
- The Legislature cannot be responsible for material that is illegible or missing as a result of transmitting by fax or which may be lost through the mail.
- **You may be required to verify education and/or self employment information.**

Call our JOBLINE for current job openings, 24 hours a day, 7 days a week. Salem- (503)986-1375, TTY - (503)986-1374.

PERSONS WITH DISABILITIES

If you are an applicant with disabilities and need assistance in the application or interview process, please contact Employee Services at 986-1373/TTY986-1374.

You do not have to take the test described in a job announcement if you are severely disabled and you take the following steps:

- A) Contact the Oregon Vocational Rehabilitation Division or the Commission for the Blind to find out if you meet the eligibility requirements listed in ORS 240.379-394 to qualify for a "Person with Severe Disability Eligibility Notice."
- B) Review the job announcement to see if you meet the minimum qualifications for the job as described in the announcement.
- C) If you believe you meet the minimum qualifications, follow the instructions in the job announcement. You must attach a copy of the "Person with Severe Disability Eligibility Notice - Part II" (Form R-96-S2) to your application.

AFFIRMATIVE ACTION

This information is voluntary. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs.

The State of Oregon is an equal opportunities and affirmative action employer.

AFFIRMATIVE ACTION (VOLUNTARY--Please click on, or place an "x" in, the appropriate boxes.)

Gender: Male Female

Ethnicity (read definitions and click on one)

(A) (B) (H) (I) (W)

ETHNIC DEFINITIONS:

- A) Asian or Pacific Islander: Persons having origins in any of the peoples of the far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- B) African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.
- H) Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- I) Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- W) Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa or the Middle East.

Federal Regulation: The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, state agencies at the time of hire or no later than three business days after date of hire.

Legislative
Administration

Employee Services
900 Court Street NE Rm 140-B
Salem, Oregon 97301
(503) 986-1373
Fax (503) 986-1684
www.leg.state.or.us

OREGON LEGISLATIVE BRANCH

**EMPLOYMENT
APPLICATION**

	Yes	No
Meets MQs		

THIS ENTIRE FORM MUST BE PRINTED IN INK OR TYPED-(APPLICATION INFORMATION ON PAGE 5)

Print Name:	First	M.I.	Last	Other Last Names Used
Mailing Address:				Position Applied for:
City, State, Zip Code:				
Residence Phone:	Business Phone:		Message Number:	Fax Phone:
Email Address:			Date you could report to work:	
Please click on, or write an 'x' in, the type(s) of employment that interest(s) you.				
Duration: <input type="checkbox"/> Session <input type="checkbox"/> Continuing <input type="checkbox"/> Any <input type="checkbox"/> Limited Duration <input type="checkbox"/> Temporary			Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Any <input type="checkbox"/> Part Time <input type="checkbox"/> Job Share	

EDUCATION AND FORMAL TRAINING

Please list enough education to meet the minimum requirements specified in the recruiting announcement.

Colleges, Military, Trades, Business or Other Schools Attended After High School

Name, Location, Phone Number	Major Course of Study	Total # Credits	Type of Degree or Certificate Earned

Are you a member of the Oregon State Bar? Yes No Bar No. _____
 Do you possess a high school diploma or GED certificate? Yes No

How did you hear about this employment opportunity?

- Employment Department JOBLINE Mailing List
 State Agency Friend Newspaper _____
(Name of Publication)
 Job Fair Internet Other _____

WORK EXPERIENCE

Describe your last **4** years of work experience and any other experience required to meet the minimum qualifications for the position for which you are applying. Include unpaid and volunteer work. **Make and attach additional copies of this sheet if necessary.**

Employer: _____ May we contact this employer? Yes No

Address: _____

Supervisor's Name and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

Employer: _____ May we contact this employer? Yes No

Address: _____

Supervisor's Name and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

WORK EXPERIENCE

Describe enough work experience to meet the minimum qualifications for the position for which you are applying. Include unpaid and volunteer work. **Attach additional copies of this sheet if necessary.**

Employer: _____ May we contact this employer? Yes No

Address: _____

Supervisor's Name and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

Employer: _____ May we contact this employer? Yes No

Address: _____

Supervisor's Name and Telephone: _____

Your Title: _____

Employed from (month/year) to (month/year): _____

If a supervisor, indicate number of employees and job types supervised: _____ How long? _____

Average hours worked per week? _____ Reason for leaving: _____

Duties (be specific): _____

VETERANS' PREFERENCE

PER ORS 408.225, 408.230, and 408.235

To receive 5 points you must have served on active duty in the Armed Forces:

1. For more than 178 consecutive days; or
2. For at least one day in a combat zone (408.225); or
3. Received a combat or campaign ribbon for service in the Armed Forces.

To qualify under 1 or 2 above you must:

- Have been discharged or released from active duty under honorable conditions; and
- Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

To qualify under 3 above you must:

- A. Make application within 15 years of discharge or release from service in the Armed Forces (408.235).

You must attach a copy of your DD214/DD215 form to your Legislative Application Form.

To receive 10 points you must be:

1. A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty; or
2. Entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
3. Awarded the Purple Heart for wounds received in combat.

You must attach the following to your State Application Form:

- A copy of your DD214/DD215 form; and
- A copy of your veteran's disability preference letter from the Department of Veterans Affairs.

For additional information on Veterans Preference eligibility, including definition of the terms veteran and disabled veteran, contact the Oregon Department of Veterans Affairs at 1-800-692-9666.

Select One.

10 Points

5 Points

PERSONAL REFERENCES

Name/Title

Address/Telephone Number

LEGISLATIVE EMPLOYMENT HISTORY

	Year	Position	Supervisor
Oregon			
Other			

This information is not confidential, except as otherwise provided by law.

I understand that employment with the Legislative Branch is employment “At-Will”.

I understand that consideration for employment is contingent on the results of a reference and background check. I authorize Oregon State Legislature to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references, or any other persons who can verify information.

I further authorize Oregon State Legislature to discuss the results of any investigation with all of their employees who are involved in the hiring process.

I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each person and former employer from liability for providing such information.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsifications and/or omissions in any detail is grounds for disqualification from consideration for employment or if hired, for dismissal from employment. **Unsigned applications will not be considered.**

Signature of Applicant

Date