Recruiting for:

ADMINISTRATIVE ASSISTANT

$2,644 per month

LEGISLATIVE ASSEMBLY

CHIEF CLERK'S OFFICE

The Chief Clerk's office is seeking a session Administrative Assistant for the 2015 Legislative Session. This position is expected to work for approximately 6 months.

HIRING INFORMATION

- This position will begin December 15, 2014 and the candidate selected must be willing to serve through the 2015 Legislative Session, expected to end by mid July 2015.
- The starting salary for this position is $2644 per month.
- This position has session benefits, including health and dental insurance; optional life insurance; a paid retirement program for qualifying individuals; and paid holidays, and sick leave.

DUTIES AND RESPONSIBILITIES

- Produce daily tape log using computer and recording audio for House floor sessions; organize and
- Transcribes, edits and finalizes written record of proceedings (recording log) and exhibits for archival storage
- Assist in ordering stationery for all 60 House members and staff which includes: programming stationery information from the member into the software from the OCE printer, work with the printer in the proofing and completion of the stationery order;
- Maintain information table with daily legislative materials;
- Answers multi line phones
- Responds to inquiries and requests from legislators, staff, lobbyists, the media, agencies, and the public, or refers caller to appropriate source for information
- Receives and processes mail
- Assist in preparation for upcoming opening day of a Legislative Assembly, including Joint Assembly, Inauguration Ceremony, etc. (Invitations, Tickets, Programs, Seating, Ushers, Scripts, etc.)
- Provides legislative information to public (in person and on the telephone) on measure status, committee memberships, legislator contact information, and legislative process
- Responds to questions via email, telephone and visitors' questions relating to legislative activities and agency organization and functions or makes proper referrals
- Responds to customer requests which may include sensitive and highly confidential matters
- Works on other projects on an as-needed basis.

WORKING CONDITIONS

The Administrative Assistant works in a customer-facing professional office environment. Performing the job requires sitting, standing, walking, and occasional bending and lifting with minimal safety hazard potential. Occasional stressful situations arise from hostile and or angry and or confused people, irregular working hours (late hours, weekends) and short or abruptly changing work timelines.

MINIMUM QUALIFICATIONS

- Three (3) years of clerical/secretarial experience which included: two (2) years at a full performance level performing typing, word processing, or other generation of documents and lead clerical work responsibility for a project or program (committee, issue area) including coordination of clerical procedures for the project or program. (OR)

- Associate degree (accredited two or four-year college or university) and two (2) years at a full performance level performing typing, word processing, or other generation of documents and lead clerical work responsibility for a project or program (committee, issue area) including coordination of clerical procedures for the project or program. (AND)

  - Typing speed of at least 45 words per minute;
  - Proficient writing, editing, speaking and analytical skills;
  - Strong organizational skills and attention to details;
  - Computer skills;
  - Excellent customer service skills.

An equivalent combination of education and experience sufficient to demonstrate ability to perform the duties of the position may be considered.

TO APPLY

To apply, please e-mail a (1) a cover letter, (2) a current resume, (3) work references, and (4) a completed Legislative Administration employment application to Aimee Steketee at Aimee.Steketee@state.or.us

♦ The cover letter should describe how you meet the minimum qualifications and necessary skills.

Any questions concerning this position should be directed to Employee Services at 503-986-1373

The Legislative Assembly cannot be responsible for materials that are lost in the mail, illegible, or missing as a result of email or transmitting by FAX.

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

Opening Date: November 14, 2014
Closing Date: November 28, 2014

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: ☐Session ☐Continuing ☐Any ☐Limited Duration ☐Temporary

Type: ☐Full Time ☐Any ☐Part Time ☐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**