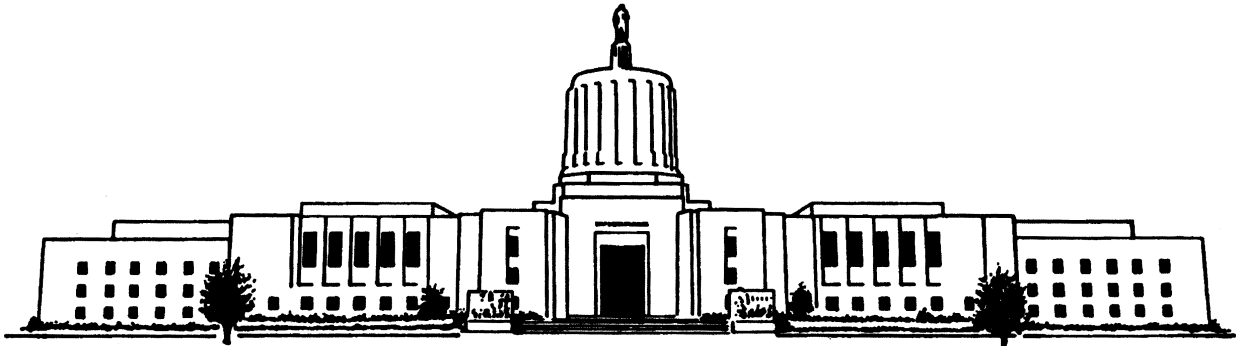


Recruiting for:

**HOUSE OF REPRESENTATIVE'S
DOORKEEPER / PAGE**

\$2,304 per month



LEGISLATIVE ASSEMBLY

CHIEF CLERK'S OFFICE

The Chief Clerk's office is seeking three session Doorkeeper / Page positions for the 2016 Legislative Session.

HIRING INFORMATION

- ◆ This position will begin February 1, 2018 and expected to end by March 9, 2018
- ◆ The starting salary for this position is \$2,304 per month.

DUTIES AND RESPONSIBILITIES

- ◆ Execute all processes issued by authority of the House or its committees, such as a Call of the House or Request for Quorum.
- ◆ Control ingress and egress to the chamber floor during session as prescribed by the Rules of the House, Chief Clerk and/or Speaker of the House of Representatives.
- ◆ Prepare chamber before session by straightening chairs and microphones, closing outer doors, distributing publications, turning on lights and unlocking phone booths.
- ◆ Prepare chamber after session by straightening chairs and microphones, opening outer doors, locking phone booths, and generally making the chamber presentable.
- ◆ Distribute handouts and documents to members and staff.
- ◆ Distribute notes to and from members, lobbyists and staff.
- ◆ Consistently enforce rules of decorum, such as where and when it is acceptable to walk through the chamber.
- ◆ Instruct visitors to refrain from bringing food and drink into the chamber, and from using flash photography, cellular phones, pagers, and other electronic devices.
- ◆ Instruct visitors as to rules and etiquette of the House chamber.
- ◆ Answer incoming calls, forward appropriately or take messages as needed.
- ◆ Greet visitors and direct to appropriate offices.
- ◆ Distribution of publications, messages and agendas.
- ◆ Other duties as assigned.

WORKING CONDITIONS

The Doorkeeper/Page 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.

TO APPLY

To apply, please e-mail (1) a cover letter, (2) a completed Legislative Administration employment application to Aimee Steketee at Aimee.Steketee@oregonlegislature.gov

- ◆ The cover letter should describe why you are the best person for this position.

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: December 7, 2017

Closing Date: January 2, 2018

**This recruitment will remain open until filled.

OREGON LEGISLATIVE BRANCH

**EMPLOYMENT
APPLICATION**

Legislative Administration

Employee Services
900 Court Street NE Room 140-B
Salem, OR 97301
(503) 986-1373

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.**

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

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

The information requested below may be used for applicant tracking, statistical purposes to comply with federal reporting requirements, and to gain other relevant information. Thank you for your participation.

Gender: Male Female Decline to answer

American-Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, Japan and Korea.

Black or African-American: All persons having origins in any of the black ethnic groups.

Hispanic or Latino: All persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race.

Native-Hawaiian or Other Pacific Islander: All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Hawaii, the Philippine Islands and Samoa.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Two or More Races: All persons claiming origins in more than one of the above racial/ethnic categories.

Decline to answer

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.oregonlegislature.gov

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:		Type:		
<input type="checkbox"/> Session		<input type="checkbox"/> Continuing		<input type="checkbox"/> Full Time
<input type="checkbox"/> Limited Duration		<input type="checkbox"/> Any		<input type="checkbox"/> Any
<input type="checkbox"/> Temporary		<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 State of Oregon Job Page 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 408.210-408.235

◆ Veterans may be eligible for Veterans' Preference Points on scored tests. If you believe you may qualify, please provide a copy of you DD214 form and / or your Veterans' Disability Preference Letter. You can get eligibility information from:

- a) The Oregon Department of Veterans' Affairs 1-800-692-9666; or
- b) Any Oregon county Veterans' Services office.

Generally, preference points can be used only once unless you are a disabled veteran. If you were appointed to a permanent position and went on military leave, you may qualify again for promotional tests only.

Select One.

- 10 Points 5 Points

Date of Entry (M-D-Y)	Date of Discharge (M-D-Y)	Branch of Service
Receiving Retirement Pay? Yes <input type="checkbox"/> No <input type="checkbox"/>		Theater of Operations

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