

Class Title: Summer Outreach Assistant II

Salary: \$11.75/hr

Position Summary

Under the supervision of the Outreach Librarian, plans and implements activities for youth, geared towards ages 5-12. Emphasis on arts and crafts, music, sports, and active playground games.

Examples of Duties:

Essential Functions:

- Provides a high level of information and recreation services.
- Plans, prepares and presents offsite library programs.
- Integrates literacy skills into programming for children.
- Serves as “person in charge” of outreach sites in the absence of the Outreach Librarian.
- Troubleshoots any issues that arise at outreach sites.
- Creates outreach publicity materials.
- Promotes Summer Library Program and other library events.
- Conducts service evaluations and collects attendance statistics.

Other Duties:

- Other Duties as assigned.

Typical Qualifications:

Supervisory Requirements:

- Volunteers

Education and/or Experience Requirements:

- Education equivalent to a sophomore in High School required.
- Fluency in Spanish desirable.

Supplemental Information:

Knowledge, Skills, and Abilities:

- Strong customer service skills.
- Excellent written communication skills.
- Ability to work independently.
- Attentive to details and strives for accuracy.
- Ability to organize assigned work.

Physical Demands: Moderate Work: Must be able to lift up to 30 pounds and push or pull a cart weighing up to 150 pounds or more. Must be able to bend, stoop, lift, or stand for prolonged periods of time.

Work Environment: Inside and Outside: Outside work 90% of the time and inside work 10% of the time.


CITY OF FITCHBURG APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

FULL NAME:	Last	First	Middle
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For Office Use Only

Today's Date: _____

 <p>MAIL COMPLETED APPLICATIONS TO: City of Fitchburg Attn: Human Resources 5520 Lacy Road Fitchburg, WI 53711</p> <p>(608) 270-4200 - Phone (608) 270-4212 - Fax www.fitchburgwi.gov</p>	<p>APPLICATION INSTRUCTIONS:</p> <ul style="list-style-type: none"> Incomplete applications MAY NOT BE CONSIDERED Complete application in its entirety, do not write "see resume" DATE and SIGN application Complete application in blue or black ink <p>If you are a qualified applicant with a disability and require an accommodation during any phase of the application process, please notify Human Resources at least 48 hours in advance so that we may review and consider the request.</p>
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Application for position of:	Date Available to work: (From/To)	Email address:
Present Address (number, street, city, state, zip)		Home telephone number: (Best time to call)
Permanent Address (if different from above) (number, street, city, state, zip)		Other telephone number: (Best time to call)

If under the age of 18, can you provide the required proof of your eligibility to work? No N/A

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship or immigration status will be required upon employment) Yes No

The City of Fitchburg prohibits immediate family members from working in a subordinate/superior relationship, please list any relatives employed by the City of Fitchburg or serving as elected or appointed officials. If none, please check here

EDUCATION			
Check the box next to the highest grade or year completed in High School		Do you have a High School Diploma, HSED, or GED?	
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Location of High School last attended:			
Education and/or Vocational Training beyond High School – Please start with most recent:			
Name & Location of School	Course of Study	Years Completed	Degree Obtained & Year

OTHER, KNOWLEDGE, SKILLS, AND ABILITIES
Please describe any specialized training, skills, or qualifications you have acquired from employment or other experiences. You may also list any professional certifications here. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

IMPORTANT: You must complete the employment section of the application. Use additional sheets if necessary.

EMPLOYMENT EXPERIENCE: (Please start with your most recent position)			
Employer	Length of Employment		
Address	From (M/Yr) _____		
Your Title	To (M/Yr) _____		
Supervisor	Supervisor's Title	Total (Yrs/Mo) _____	

Phone Number _____	Last Salary _____
Principle Duties and Responsibilities	Reason for Leaving _____
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Length of Employment	
Address	From (M/Yr) _____	
Your Title	To (M/Yr) _____	
Supervisor	Supervisor's Title	Total (Yrs/Mo) _____
Phone Number	Last Salary _____	
Principle Duties and Responsibilities	Reason for Leaving _____	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Length of Employment	
Address	From (M/Yr) _____	
Your Title	To (M/Yr) _____	
Supervisor	Supervisor's Title	Total (Yrs/Mo) _____
Phone Number	Last Salary _____	
Principle Duties and Responsibilities	Reason for Leaving _____	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES		
Name	Address	Phone
1)		
2)		
3)		

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Fitchburg or its agent upon presentation of this or copy hereof. In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Fitchburg. I hereby release from liability and hold harmless the City of Fitchburg and all persons and corporations supplying this information to the City of Fitchburg and/or its agents. A photocopy of this authorization is as effective as the original.

Signature of Applicant

Date

Print Name: _____
FIRST MIDDLE LAST