



# Hood River County

## APPLICATION FOR EMPLOYMENT



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. *Application must be completed in full even if attaching a resume.* It is acceptable to complete application with a computer or in blue pen.

Please return to: Human Resources, 601 State Street, Hood River OR 97031  
 Office: 541-387-6829 fax: 541-386-9392 email: cheryl.berger@co.hood-river.or.us

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

**PLEASE PRINT USING BALLPOINT PEN**

Personal

FULL NAME	FIRST	MIDDLE	LAST	E-mail	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHONE NUMBER	HOME PHONE	WORK PHONE	MESSAGE		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG

Are you over the age of 18?     YES  NO

Are you legally authorized to work in the United States?     YES  NO

Have you ever worked for Hood River County before?     YES  NO

If yes, what department? \_\_\_\_\_ Approximate date: MO/YR \_\_\_\_\_

Education and Certifications

Type	Name of School	Location (City, State)	Area of Concentration	Mark Last Year Completed				Did you Graduate		Diploma, Degree or Certificate Received
				1	2	3	4	Y	N	
High School										
College										
Other Education										
Other Education										

SPECIAL SCHOOL OR TRAINING \_\_\_\_\_ TYPING WPM

Did you serve in the US Armed Services? Y \_\_\_ N \_\_\_ Branch of Service: \_\_\_\_\_

If you served in the military you may be eligible for preference in employment:

- \* Attach required documentation to your online application; or
- \* Email required documentation to Human Resources; or
- \* Mail required documentation to Human Resources at the address listed on the job announcement.

If yes, briefly describe duties and skills acquired in the service (Include dates):  
 \_\_\_\_\_

Computer programs used:	Foreign Language:
	How Used: Speak ___ Read ___ Write ___

Within your field are you currently:    Registered \_\_\_    Licensed \_\_\_    Certified \_\_\_  
 Or eligible for:    Registration \_\_\_    Licensure \_\_\_    Certification \_\_\_  
 If yes, type? \_\_\_\_\_ State \_\_\_ National \_\_\_ No. \_\_\_\_\_ Date Expires: \_\_\_/\_\_\_/\_\_\_ No Exp: \_\_\_

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available to work FULL-TIME (40 hours)       I am available to work PART-TIME. Date available to work: \_\_\_\_

AVAILABILITY

<b>Hours Available</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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EMPLOYMENT EXPERIENCE

PRESENT AND FORMER EMPLOYERS		DATES EMPLOY	POSITION AND DUTIES
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS AND EXPLAIN:			

APPLICANT STATEMENT

I understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be and may be terminated by me or Hood River County at any time for any cause or no cause. I understand and agree that, except as provided above, all benefits, programs, rules and policies of Hood River County are subject to exceptions or change at any time as decided by Hood River County.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false, misleading answer or statement will be sufficient grounds for immediate dismissal at any time. Hood River County is hereby authorized to contact my present and past employers and references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the County as well as those contacted by the County from any liability or damage which may result from furnishing the information requested. The County may make copies of this authorization available to those contacted.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations, I understand that the County requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the County's discretion. In accordance with the 1986 Immigration Reform Act, proof of eligibility to work in the United States is required upon employment

Applicant's signature is required to process application. Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Matthew T. English  
Sheriff  
Brian Rockett  
Undersheriff  
Jamie Hepner  
Parole and Probation Commander



Erica Stolhand  
911 Commander  
Terry L. Bright  
Chief Civil Deputy  
Katie Haskins  
Executive Assistant

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### REFERENCE RELEASE

As part of the application process, it is necessary for the Hood River County Sheriff's Office to conduct a thorough background investigation. This background will be used to help determine my suitability and fitness for employment and predictability for my success in the job. The information gathered prior to my employment is considered confidential and will not be used to evaluate my performance after my date of hire or to evaluate my eligibility for promotion. I agree that documents and records of information gathered as part of the background investigation concerning me shall remain confidential. I waive any and all rights I may now or may hereafter have to acquire or review this information. I understand that Hood River County Sheriff's Office may promise confidentiality of background reference information to those from whom they seek this information, and I agree that I will not attempt to obtain such documentation or information. I understand that I make this agreement as a condition of further consideration for employment and agree that it should be binding upon me whether I am hired or whether my application for employment is rejected. I understand the authority for collection of information must be signed by me, giving Hood River County Sheriff's Office and/ or their agent permission to conduct a thorough background investigation. This voluntary release allows Hood River County Sheriff's Office and/or their agent to contact agencies for release of information and accurate documentation concerning my past personal history, past employment history, financial, medical and including a criminal history check.

### AGREEMENT

I certify that all answers and information submitted by me are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, educational, military, financial, medical, criminal histories and other related matters as maybe necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from liability in responding to inquires in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

**Notice: A photocopy or fax of this release may be accepted as an original.**

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Applicant Signature

Date

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Applicant Full Name (Please Print – Last – First – Middle)

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Other Names Used

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Residence Address (Street – City – State – Zip)

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Mailing Address (If Different)

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Date of Birth

Social Security Number

Driver License Number/State

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# Hood River County

## *Employment Opportunity*

### JOB POSTING

Hood River County Human Resources

Business Administration Building

601 State Street, Hood River, Or. 97031

Phone: (541) 386-3970 Fax: (541) 386-9392

An Equal Opportunity Employer

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**July 10, 2020**

**Sheriff Office**

**Job Title: Sheriff Deputy-Entry Level**

**Summary:**

The mission of the Hood River County Sheriff's Office is to consistently earn the public's trust by providing the highest quality public safety services with the resources provided to us. We enhance safety, security and livability by serving and protecting our citizens. Through education, leadership and partnerships, we promote individual responsibility and community commitment. We strive to make a difference every day and to be the "Go to Agency" in Hood River County that meets and solves the challenges of creating a safer environment and improving our quality of life. The Sheriff Office responsibilities cover the entire spectrum of public safety — 911, parole and probation, emergency management, law enforcement patrol and investigations, search and rescue, service of legal process of the courts, prisoner transport, court security, off highway vehicle enforcement, marine patrol, forest patrol, the operation of the NORCOR regional jail, and animal control.

Applicants need to be 21 years of age, a US Citizen, High School Diploma (or GED), have a Oregon State D/L, Meet DPSST Standards for vision and be able to obtain DPSST Basic Certification within one (1) year of employment.

**Salary Range:** \$4002 - \$4885/month

**Application Process:** Applicants need to visit [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com) in order to complete the application process. Applicants need to have completed the application process by 4PM, August 7, 2020. If there are any questions regarding this process, please reach out to Human Resources, Hood River County: Email: [cheryl.berger@co.hood-river.or.us](mailto:cheryl.berger@co.hood-river.or.us), Phone: 541-387-6829 or visit the Human Resources Office at 601 State Street, Hood River, OR – 3<sup>rd</sup> Floor Administration Office.

HOOD RIVER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.



## HOOD RIVER COUNTY

*A Small County with a big mission:  
Providing Quality of Life for all.*

FLSA Status:
Union:
Work Comp Code:
EEOC:
Job Group:
Salary Range:

<b>JOB TITLE</b>	Deputy Sheriff
<b>REPORTS TO</b>	Sheriff

### Job Summary

To investigate citizen complaints; to patrol county roads, residential and business areas; to investigate traffic accidents; and to enforce traffic and criminal laws.

### Responsibilities and Essential Functions

- Conduct investigations of reported criminal activity; respond to citizen complaints; gather crime scene evidence and take latent fingerprints for use by detectives or other investigative personnel; interview and take statements from victims and offenders.
- Patrol County roads, highways, business and residential areas; enforce traffic and criminal laws; operate radar; check property security.
- Investigate traffic accidents; determine circumstances, take statements, perform first aid, call ambulances and tow trucks; and offer general assistance.
- Conduct investigations of reported civil disturbances and calls for assistance; respond to incidents such as family disputes, public disturbances, animal control, and lost children.
- Prepare reports for office, court and state use of investigated disturbances, crimes, accidents, and traffic enforcement; and maintain accurate records of law enforcement activities performed on duty.
- Serve subpoenas and warrants of arrest.
- Conducts search and rescue operations for lost or injured persons within the contiguous borders of the county.
- Make arrests and transport offenders to jail; transport prisoners and patients under custody to institutions and courts.
- Assist the public by answering inquiries about laws, regulations, and ordinances; perform various public service activities to aid and inform the public.
- Appear in court as a witness

### Skills

- Skill in the use of firearms and restraining devices.
- Skill driving an automobile in various weather conditions and in high-stress driving conditions.
- Ability to speak and write effectively and clearly.
- Ability to think clearly and perform effectively in stressful or emergency situations.
- Ability to establish and maintain cooperative working relationships with the general public, coworkers, diverse groups and backgrounds.
- Ability to maintain accurate and complete records.

### Knowledge, Education and Certifications

- High School Diploma/GED required.
- US Citizen, Age 21.
- Oregon Driver License or ability to obtain, clean driving record.
- Basic First Aid Knowledge.
- Must be able to become DPSST Certified in accordance with OAR 259-008-0060.
- Must meet Vision Standards as established by Dept Public Safety Standards and Training, OARS 259-008-0000.

### Effort (Discretion)

Receive close supervision from a law enforcement deputy of higher grade who assigns and reviews work details. (Supervision is not a normal responsibility of this class, though may be assigned to train and supervise a Recruit Deputy.)

### Working Conditions

While performing the duties of this job, the employee frequently works in outside weather conditions. The employee occasionally works near moving mechanical parts and other machinery; in high or precarious places and with explosives. Occasionally there may be extreme cold or wet conditions. The employee will be exposed to stressful or emergency situations and diverse groups and backgrounds. The noise level in the work environment may range from normal to moderate.