

Hood River County

Employment Opportunity

Hood River County Human Resources

Administration Office

601 State Street, Hood River, Or. 97031

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

An Equal Opportunity Employer

December 9, 2016

County Sheriff's Department

Job Title: Animal Control

SUMMARY: Enforces Hood River County's Registration Ordinance and Animal Control by issuing warnings or citations for violations of local ordinance or State Statues. Patrols all roads and streets in the County for stray or loose dogs. Investigate and follow up on complaints from the public regarding animals.

QUALIFICATIONS: Must be 21 years of age with High School Diploma or GED. Must have 3 years experience in the care of various types of animals, especially in the control and handling of livestock. Some work experience in the operations of an animal shelter helpful. Bilingual English/Spanish is preferred.

SALARY RANGE: This is a collective bargaining position with ten-step scale. Current pay range is \$3256 to \$4211 per month with generous benefit package, including payment of PERS.

APPLICATIONS: All applicants must submit a Hood River County Sheriff's application and answers to the attached **supplemental questionnaire**. Request job packet and return to Hood River County Administration, 601 State Street, Hood River, Oregon 97031 or fax #(541) 386-9392.

APPLICATION DEADLINE: 4:00 p.m., January 6, 2017

Hood River County is an Equal Opportunity Employer.

**Hood River County
Job Description**

JOB TITLE: Animal Control Officer

SUMMARY: Enforces the County's Animal Control and Registration Ordinance.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Ability to operate a motor vehicle.

Patrolling in the County's animal control vehicle all roads and streets in the County for stray or loose *dogs*

Picks up stray dogs and/or loose animals. Attempts to locate owner or takes to a designated shelter.

Attempts to find new homes for stray or unclaimed animals.

Issue warnings or citations for violations of the Animal Control Ordinance or State Statutes.

Investigates and follows up on complaints from the public regarding animals. Types of complaints may include those of vicious animals, animal neglect, dead animals, unlicensed dogs, loose or stray animals.

Keeps records on number of complaints, citations, warnings, animals picked up and their disposition. Compiles a computerized list of dog licenses issued within the County. Completes written reports when needed and appears in court when required. Performs follow-up and reports with regard to court orders or sanctions.

Occasionally assists with the euthanasia of certain animals.

Must be able to lift animals up to 100 lbs.

Assists the Chief Civil Deputy by serving civil papers.

Must deal courteously and firmly with the public in situations requiring good judgment and tact.

Cleans the animal containment cage in the County vehicle on a daily basis.

Performs other duties as assigned.

SUPERVISION RECEIVED: Works under the general direction of the County Sheriff.

QUALIFICATION REQUIREMENTS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE: Must have successfully graduated from an accredited high school or successfully completed the General Education Development Test. Must have some experience in the care of various types of animals, especially in control and handling of livestock. Education and/or work experience in an animal shelter or similar animal containment operation. Some training in the investigation of crimes against animals helpful.

LANGUAGE SKILLS: Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

MATHEMATICAL SKILLS: Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY: Ability to apply commonsense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS: Must be 21 years of age and a U.S. Citizen. Must successfully undergo a background investigation and successfully pass a post offer drug test as required by Hood River County. Must have or be able to obtain an Oregon Driver's License and have a good driving record.

OTHER SKILLS and ABILITIES: Some knowledge of Hood River County Dog Control Ordinance and State Laws regarding livestock and animals. Must be able to communicate well and be able to write clear and concise reports. Good typing skills required and ability to operate a personal computer and perform data entry. Some knowledge of firearms (tranquilizer) helpful.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; and talk or hear. The employee is occasionally required to stand; walk; sit; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The employee must regularly lift and/or move up to 25 pounds, frequently lift and/or move up to 50 pounds, and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee regularly works in outside weather conditions. The noise level in the work environment is usually moderate.

Matthew English
Sheriff

Brian Rockett
Chief Deputy

Jamie Hepner
Parole & Probation Commander



Erica Stolhand
911 Commander

Terry L. Clouse
Chief Civil Deputy

Jerry Keith
Executive Assistant

POSITION APPLYING FOR: _____ Deadline Date: _____

Follow these directions exactly: answer all questions completely and accurately, use N/A if necessary. Print all information, do not write or type. Employment and personal references must be filled in completely. All information in this application is subject to verification.

1. PERSONAL INFORMATION: Name, Address and Telephone

Last	First	Middle
Street Address		
Mailing Address (If Different)		
City	State	ZIP Code
Home Phone	Work, Day Time or Message (If Different)	
Email Address		
Maiden name or other names you have used		Social Security Number

2. FEDERAL REGULATION: At the time of hire will you be authorized to work in the USA? Yes ___ No ___

The Immigration Reform and Control Act (IRCA) require individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to Human Resources within three days from date of hire.

3. CRIMINAL CONVICTIONS: Have you ever been convicted of a crime for which the penalty could have been confinement in a state or federal penitentiary? Juvenile convictions do not apply. Yes ___ No ___

If yes, provide date, charge, and jurisdiction.

This information is required in order to determine ability to perform an integral part of the position requirement, having access to law enforcement criminal data files.

4. WORK AVAILABILITY (Check as many as apply): Full-time ___ Part-time ___ On Call ___
ABLE TO WORK ALL SHIFTS - Day ___ Swing ___ Graveyard ___

5. Driver License number and State of issue, if driving is an essential part of the job:

Number _____ State _____

6. **EDUCATION AND FORMAL TRAINING**

Do you have a high school diploma or G.E.D. certificate? Yes No

Name and Location of School:

List education below: Military, Trades, Business or other schools attended (attach additional sheets if necessary).

#	Name and Location	Major Course Of Study	Hours Completed	Graduated? Yes/No	Certificate Or Degree Earned and Year
1					
2					
3					
4					

List multi-line phone systems, public contact, etc. and describe any other specialized equipment or special skill/training you have used:

8. Skills, Licenses, and/or Certificates (list all fire, EMS and law enforcement classes and certificates)

Class	Date

9. List all addresses where you have lived during the past ten years, beginning with your current address.
List date by month and year

From	To	Address including City and State

10. Are you fluent in a foreign language?

<u>Language</u>	<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>	<u>Understanding</u>

11. EMPLOYMENT/VOLUNTEER EXPERIENCE:

List every employer and period of employment for the past fifteen (15) years in order, starting with the most recent. Include any gaps during that time. List and describe any additional job-relevant experience, including volunteer work. If you need more space, you may attach additional sheets. If describing additional duties, number the pages to correspond with the number in the Employment/Volunteer Experience section. If describing additional employers and employment, use the same format as below and number each job. Employment reference information must be filled in completely.

1	Current or Last Employer	From
	Street Address	To
	Mailing Address (if different)	
	City	Starting Salary
	Phone number with area code	Ending Salary
	Supervisor's Name	Full-time
	Job Title/Description	Part-time
	Duties:	Hours/week
	May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for leaving?	

2	Current or Last Employer	From
	Street Address	To
	Mailing Address (if different)	
	City	Starting Salary
	Phone number with area code	Ending Salary
	Supervisor's Name	Full-time
	Job Title/Description	Part-time
	Duties:	Hours/week
	May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for leaving?	

3	Current or Last Employer	From
	Street Address	To
	Mailing Address (if different)	
	City	Starting Salary
	Phone number with area code	Ending Salary
	Supervisor's Name	Full-time
	Job Title/Description	Part-time
	Duties:	Hours/week
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving?		

4	Current or Last Employer	From
	Street Address	To
	Mailing Address (if different)	
	City	Starting Salary
	Phone number with area code	Ending Salary
	Supervisor's Name	Full-time
	Job Title/Description	Part-time
	Duties:	Hours/week
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving?		

IF NEEDED PLEASE PHOTOCOPY THIS PAGE FOR ADDITIONAL EMPLOYMENT HISTORY

12. PERSONAL REFERENCES:

List four references, not related by blood or marriage (not current or former employers), who are responsible adults, three of whom have known you for at least three years.

1.	Name		
	Street Address		
	Mailing address (if different)		
	City	State	Zip Code
	Phone number with area code		# Years Known

2.	Name		
	Street Address		
	Mailing address (if different)		
	City	State	Zip Code
	Phone number with area code		# Years Known

3.	Name		
	Street Address		
	Mailing address (if different)		
	City	State	Zip Code
	Phone number with area code		# Years Known

4.	Name		
	Street Address		
	Mailing address (if different)		
	City	State	Zip Code
	Phone number with area code		# Years Known

13. The following questions are to be answered in paragraph format. Please answer the questions to the best of your abilities, while keeping in mind grammar, spelling and punctuation.

1. Give some examples of when you have worked under pressure / stressful situations and what you learned from it.

2. Name five things that cause you to stress and explain why.

3. Are you able to multi/task? Explain using examples.

4. What qualities and talents do you have that you feel would help you in this job?

I CERTIFY AND AFFIRM THAT I HAVE READ AND PERSONALLY COMPLETED THIS APPLICATION, REFERENCE RELEASE AND *ADDENDUM* (if applicable) AND ALL STATEMENTS CONTAINED HERE IN ARE TRUE, COMPLETE AND ACCURATE.

Applicant Signature

Date

Please send applications to: Human Resource Dept, 601 State Street, Hood River, OR 97031 or Fax to: 541-386-9392

Matthew English
Sheriff

Brian Rockett
Chief Deputy

Jamie Hepner
Parole & Probation Commander



Erica Stolhand
911 Commander

Terry L. Clouse
Chief Civil Deputy

Jerry Keith
Executive Assistant

REFERENCE RELEASE

As part of the application process, it is necessary for the Hood River County Sheriff's Department 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 Department 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 Department and/ or their agent permission to conduct a thorough background investigation. This voluntary release allows Hood River County Sheriff's Department 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.

Applicant Signature

Date

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

Other Names Used

Residence Address (Street – City – State – Zip)

Mailing Address (If Different)

Date of Birth

Social Security Number

Driver License Number/State

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations, we have composed this form to be completed by the applicant on a voluntary basis. Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions. You have the right to refuse to supply this information is Strictly Voluntary.

THIS INFORMATION IS STRICTLY VOLUNTARY & KEPT CONFIDENTIAL

General Information

Date: _____

Position Applying for: _____

Name: _____

Male Female

Signature: _____

Date of Birth: _____

Handicapped Person - A person with a handicap who is capable of performing a particular job with reasonable accommodations for the person's handicap.

Race and/or National Origin

Name of Category

Definition of Category

American Indian or Alaska Native

A person having origins in any of the original peoples of North America, and who maintains cultural identification through recognition or tribal affiliation.

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example, this area includes

Black, not of Hispanic Origin

A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish cultures or origins.

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.

White, not of Hispanic Origin

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

Other

A person included in another category

For Human Resource Only

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired? Yes No

Position hired for: _____

Hire Date: _____