

Hood River County

Employment Opportunity

JOB POSTING

Hood River County Human Resources
County Business Administration Building
601 State Street, Hood River, Or. 97031
Phone: (541) 386-3970 Fax: (541) 386-9392
An Equal Opportunity Employer

October 8, 2020

County Health Department

JOB TITLE: PUBLIC HEALTH NURSE

Hood River County Health Department is seeking a Registered Nurse to fill a position to act as a public health nurse to perform duties as a Communicable Disease RN. Duties include surveillance, investigation, follow-up of reportable diseases and case reporting. This job entails client education and clinical services including vaccination, family planning, case management, phlebotomy and specimen submission, as well as other duties as needed.

QUALIFICATION REQUIREMENTS: Application must be licensed as RN in State of Oregon, or able to obtain license within 90 days. Applicants must possess a valid driver's license with good driving record. Bilingual English/Spanish is preferred. Criminal background check and drug and alcohol test are required.

SALARY WAGE RANGE: Licensed RN \$4134 - \$5277 per month, plus full benefit package including payment of PERS.

APPLICATIONS: Applicants must complete and submit a Hood River County application by 4:00 p.m., November 6, 2020. Request job packet and return to Hood River County Administration, 601 State Street, Hood River, OR 97031 or fax (541) 386-9392. See our job posting and application packet at www.co.hood-river.or.us. 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: Hourly
Union: General Employee 1082
Work Comp Code:
EEOC:
Job Group:
Salary Range:

JOB TITLE	Public Health Nurse
REPORTS TO	Public Health Nurse Supervisor

Job Summary

Performs professional public health nursing services in a planned community health program. Does related work as required.

Responsibilities – Essential Capabilities

- Screens for communicable diseases; conducts epidemiological investigations.
- Interviews, assesses, evaluates and refers clients to appropriate services.
- Works in collaboration with community partners and providers to ensure optimal health for all people in Hood River County and beyond.
- Administers immunizations, medications and treatments based on Health Officer standing orders.
- Participates in clinics and other Health Department programs as required
- Provides educational and instructional health programs; promotes improved utilization of available health services
- Prepares and assesses records, reports and statistics
- Accurately maintains required medical records and Maintains confidentiality in accordance with HIPAA laws

Skills

- Ability to solve practical problems and deal with variety of concrete variables where only limited standardization exists.
- Considerable knowledge of public health laws and regulations and of nursing objectives, principles and practices.
- Ability to carry out general instructions and to exercise individual judgment in the application of public health nursing principles
- Ability to establish and maintain an effective working relationship with co-workers, professional agencies and community groups
- Ability to accept work with people of varying socio-economic cultural groups
- Skill in the application of nursing skills and public health principles
- Ability to maintain confidentiality

Knowledge

- Possession of a current license to practice as a Registered Professional Nurse in the State of Oregon
- Graduation from an accredited school of nursing which includes public health nursing; or graduation from an accredited professional school of nursing supplemented by training or experience in public health nursing
- possession of a valid Oregon driver's license with a satisfactory driving record

Effort (Discretion)

Works under the direct supervision of the Public Health Nurse Supervisor.

Working Conditions

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel objects, tools, or controls; talk or hear; and taste or smell. The employee frequently is required to stand and reach with hands and arms. The employee is occasionally required to walk; sit; and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, color vision, depth perception, and the ability to adjust focus. While performing the duties of this job, the employee is frequently exposed to fumes or airborne particles.

Application for Employment

HOOD RIVER COUNTY

601 State Street
Hood River, OR 97031
Fax-541-386-9392

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Referral Source Advertisement Employee Government Employment Agency
 Walk-in Relative Private Employment Agency
 HR County Web Site Other (Name of source if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone #() _____ Mobile/Other Phone() _____

Email Address _____

If necessary. Best time to call you at home is..... : ____ AM
PM

May we contact you at work?..... Yes No

If yes, work number and best time to call.....() : ____ AM
PM

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you submitted an application here before?..... Yes No

If yes, please give dates..... / /

Have you ever been employed here before?..... Yes No

If yes, give dates.....From / / To / /

Are you legally eligible for employment in this country?..... Yes No

Date available for work?..... / /

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-op

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

#1 EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
#2 EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
#3 EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
#4 EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications --Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____