

Hood River County

POSTING

**Hood River County Human Resources
Administration Office-County Courthouse**

601 State Street, Hood River, Or. 97031

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

An Equal Opportunity Employer

Hood River County Sheriff's Office is seeking volunteers for the Reserve Deputy Program. Applicants must be 21 years old, possess a valid driver's license and clear a criminal background check.

Applicants must complete a Hood River County Sheriff's application. Obtain an application at www.co.hood-river.or.us and return the application to the County Administration Office at 601 State Street. Bilingual Spanish/English, minorities, and women are encouraged to apply. Hood River County is an Equal Opportunity Employer.

More information on this opportunity to open the doors to a career in law enforcement can be found by visiting the Sheriff's Office website at www.hoodriversheriff.com.

Applications will be accepted until sufficient applicants are received. Consideration will be given at the end of each month and applicants will be contacted for the next basic skills and physical agility testing when sufficient interest is received.

DEPUTY SHERIFF

Hood River County Sheriff's Department

Complete Application.

Turn in completed application to Hood River County Administration Office, 601 State Street, Hood River, Oregon 97031

Written Test.*

Physical Test.*

(* Written and Physical tests will be given on the same date. You will automatically be notified of testing dates after the closing of application process. Details of the physical fitness test are attached.

Oral Board.

Top applicants from the Written and Physical will be selected to attend an Oral Board.

Interview with Sheriff.

Top applicants from the Oral Board will interview with the Sheriff and or his designee.

Those applicants who complete and pass the above process will be placed on a list. Placement on the list will be a result of their accumulated scores. Top applicants on the list will be offered open Reserve Officer slots. All offers to candidates of the Reserve program will be contingent on successful completion and recommendations from the following:

Criminal History and Background Check.

Top applicants from the Oregon DPSST test will then have an extensive Criminal History and background investigation.

Oregon Department of Police Safety, Standards & Training Test.

Top applicants from the Interview with the Sheriff will take the DPSST mandatory 12th grade reading and writing test by Standards & Associates.

Psychological Test.

Applicants making it through the above process will then take a psychological test. Only candidates suitable and recommended will be considered.

Pre-employment Drug and Alcohol screen.

As per Hood River County Drug and Alcohol Policy

Matthew English
Sheriff

Brian Rockett
Chief Deputy

Jamie Hepner
Parole & Probation Commander



Erica Stolhand
911 Commander

Terry L. Bright
Chief Civil Deputy

Katie Pritchett
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. Bright
Chief Civil Deputy

Katie Pritchett
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: _____



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