

CITY OF HOOD RIVER JOB ANNOUNCEMENT

PUBLIC WORKS SEASONAL WORKER – CLOSES APRIL 19TH

Perform a variety of manual tasks that assist in cleaning and maintaining parks, bathrooms, sidewalks, street signs and other facilities within the city. This may include semi-skilled tasks, use of power tools and other equipment used in maintenance and repair work of this kind. Minimum qualifications include:

- Able to read and comprehend simple instructions, short correspondence and memos in English.
- Able to do basic addition, subtraction, multiplication, division
- Understand units of measurements

This is a limited duration (May-August), full-time position with a wage range from \$12.39 - \$15.24, DOE. Availability on weekends may be required. If selected, must pass a drug screen test. Applications and a full position description may be obtained from the City of Hood River website: cityofhoodriver.com or at Hood River City Hall, 211 Second St, Hood River, OR. Please return all completed applications to Jennifer Gray, jennifer@cityofhoodriver.com. The City of Hood River is an equal opportunity, affirmative action employer.

ANUNCIO DE TRABAJO DE LA CIUDAD DE HOOD RIVER

TRABAJADOR ESTACIONAL OBRAS PÚBLICAS - CIERRA 19 DE ABRIL

Realiza una variedad de tareas manuales como limpiar y mantener parques, baños, banquetas, letreros de calles y otras instalaciones dentro de la ciudad. Esto puede incluir tareas de habilidad básica, el uso de herramientas eléctricas y otros equipos utilizados en trabajos de mantenimiento y reparación de este tipo. Las calificaciones mínimas incluyen:

- Ser capaz de leer y comprender instrucciones simples, correspondencias cortas y notas en inglés
- Capaz de hacer sumas, restas, multiplicaciones, y divisiones básicas
- Entender las unidades y hacer medidas

Esta es una posición de duración limitada (de mayo a agosto), de tiempo completo con un salario de \$ 12.39 a \$ 15.24, dependiendo en su experiencia. Puede ser requerido trabajar los fines de semana. Si se selecciona, usted debe pasar una prueba de detección de drogas. Las aplicaciones y una descripción completa de la posición pueden obtenerse en el sitio electrónico de la Ciudad de Hood River: cityofhoodriver.com o en Hood River City Hall, 211 Second St, Hood River, OR. Envíe todas las aplicaciones completadas a Jennifer Gray, jennifer@cityofhoodriver.com. La ciudad de Hood River es un empleador de igualdad de oportunidades y acción afirmativa.



CITY OF HOOD RIVER

Public Works Department

1200 18th St, Hood River, OR 97031 541.386.2383

Job Description Seasonal Laborer

Department: Public Works
Reports to: Lead of Division
Classification: Temporary, Full time, Non-Represented, Non-exempt
Salary Scale: Non-Represented Scale

PRIMARY RESPONSIBILITY

Perform a variety of manual tasks that assist in cleaning and maintaining parks, bathrooms, sidewalks, street signs and other facilities within the city. This may include semi-skilled tasks, use of power tools and other equipment used in maintenance and repair work of this kind.

SUPERVISION RECEIVED

The Public Works Operations Manager is considered the overall supervisor of this position. Lead operators of each major division (Water, Roads, Sewer/Storm Water, and Parks) will assign tasks and be responsible for daily supervision.

SUPERVISION EXERCISED

The position does not have any supervisory requirements.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. This list is not meant to explain comprehensively all responsibilities of the incumbent:

- Provide maintenance of parks and playgrounds which includes garbage collection, mowing, weeding, pruning, and other similar tasks
- Routine cleaning and stocking of public bathrooms
- Clean and repair vandalism damage to buildings, playgrounds and outdoor furniture
- General clean up of work areas or job sites
- Washing vehicles and equipment
- Learn, understand and adhere to all safety requirements
- Maintain regular and consistent attendance and punctuality, may include weekends

MINIMUM QUALIFICATIONS

Education, Experience and Licenses:

- Able to read and comprehend simple instructions, short correspondence and memos in English.
- Able to do basic addition, subtraction, multiplication, division
- Understand units of measurements
- In some case's a valid driver's license may be required, this will be specifically identified in the job advertisement when needed.

Necessary Knowledge, Skills and Abilities:

- Skill in operation of some of the listed machinery, tools, and equipment.
- Work safely and independently for long periods of time.

- Communicate effectively with coworkers, public and supervisors.
- Ability to establish and maintain effective working relationships with coworkers, other department staff, and the public.
- Ability to understand and carry out written and oral instructions.

MACHINERY, TOOLS AND EQUIPMENT

Safely operate a variety of hand tools, power tools, lawn mowers, riding lawn mowers, weed eaters, shovels, chainsaws, and other small hand equipment.

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.

While performing the duties of this job, the employee is regularly required to use hands to operate tools or controls and reach with hands and arms. The employee frequently is required to stand, walk, sit, climb, stoop, kneel, crouch, communicate and listen. The employee is occasionally required to balance, crawl, ascend ladders, and smell.

The employee must frequently lift and/or move up to 25 pounds and infrequently lift and/or move up to 75 pounds. Good vision with or without corrective lenses is required.

WORK ENVIRONMENT

While performing the duties of this job, the employee regularly works in all outside weather conditions, frequently works near moving mechanical parts, and is frequently exposed to wet and/or humid conditions and vibration. The employee rarely works in high, precarious places, but is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, and risk of electrical shock as well as insects, wildlife and vegetation.

The noise level in the work environment can be loud at times.

The duties and responsibilities listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

The City of Hood River is an Equal Opportunity Employer, in compliance with the Americans with Disabilities Act; the City of Hood River will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Approved: City Manager _____

Date: _____

Approved: PW Director _____

Date: _____

EMPLOYMENT APPLICATION

CITY OF HOOD RIVER

Received: _____

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.**JOB INFORMATION**

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* ADDRESS

* CITY

* STATE

* ZIP

HOME PHONE

ALTERNATE PHONE

* EMAIL ADDRESS

* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? EMAIL PAPER PHONE**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

 Some High School
 High School Some College
 Technical College Associate's Degree
 Bachelor's Degree Master's Degree
 Doctorate**HIGH SCHOOL EDUCATION**DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
YES NO SEMESTER QUARTER
OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE WHERE ISSUED

CLASS

CERTIFICATES & LICENSES

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK		MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER		SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES

REASON FOR LEAVING

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS	CITY		STATE
COMPANY WEBSITE	PHONE NUMBER		SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

DUTIES

REASON FOR LEAVING

SKILLS**OFFICE SKILLS**

TYPING (NET WORDS PER MINUTE)

DATA ENTRY (NET WORDS PER MINUTE)

OTHER SKILLS

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE

 SPEAK READ WRITE

LANGUAGE

 SPEAK READ WRITE**EMPLOYMENT OBJECTIVE****ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

ATTACHMENTS

Please list any attachments you are including with your application.

Signature Verbiage

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with City of Hood River. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with City of Hood River.

I authorize representatives of City of Hood River to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand that if hired, either the City of Hood River or I may terminate my employment relationship at any time, for any lawful reason, with or without cause, and with or without advance notice, unless my employment is covered under a collective bargaining agreement. Other than promises that may be found in that collective bargaining agreement, I acknowledge that no promises have been made to me that are inconsistent with this "at will" statement.

I understand that this completed application is the property of City of Hood River and will not be returned. I understand that I must notify the Human Resources department at City of Hood River of any changes in my name, address, or phone number.

I have read and understand the above information.

X

SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL QUESTIONS

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

* MONTH/DAY OF BIRTH:
EXCLUDE YEAR

*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTEND SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA."
 NA

*2. DATE YOU ARE AVAILABLE TO START.

*3. PLEASE INDICATE WHICH HOURS YOU ARE WILLING TO WORK: (CHECK ALL THAT APPLY)

FULL TIME PART TIME TEMPORARY FULL TIME TEMPORARY PART TIME VOLUNTEER INTERNSHIP

IF YOU MARKED THAT YOU ARE NOT AVAILABLE FOR ALL HOURS OR DAYS, YOU ARE WELCOME TO PROVIDE AN EXPLANATION.

* 4. HOW DID YOU LEARN ABOUT OUR JOB OPENING? (PLEASE CHECK ALL THAT APPLY)

- CAREERBUILDER.COM
- CRAIGSLIST.COM
- DICE.COM
- GOVERNMENT FINANCE OFFICERS
- GOVERNMENTJOBS.COM
- CITYOF HOOD RIVER WEBSITE
- OREGON CPCU SOCIETY
- OREGON EMPLOYMENT DEPARTMENT
- OREGON MUNICIPAL FINANCE OFFICERS
- OREGON PRIMA
- OREGONIAN NEWSPAPER
- OREGONIAN ON-LINE
- STATEMAN JOURNAL NEWSPAPER
- UNDERWRITINGJOBS.COM
- OTHER _____

*5. HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF HOOD RIVER?

- YES
- NO

*6. This is a voluntary question; however, if you are interested in veterans hiring considerations, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

- YES
- NO

* 7. This is a voluntary question; however, if you are interested in disabled veterans hiring considerations, we will need to know your veteran's status. The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

- YES
- NO