

CITY OF HOOD RIVER JOB ANNOUNCEMENTS

PUBLIC WORKS STREETS SEASONAL WORKER-- The labor performed is a physically demanding mix of manual and unskilled maintenance work in the City's Streets, Right of Ways, Buildings and Campuses. The applicant must have the ability to operate lawn power equipment, mowers, and weed eaters; drive small trucks, pick-up trucks, use shovels, rakes, hoes, propane torches, climb ladders, and must be able to lift a minimum of 75 lbs. Minimum qualifications include possession of a valid driver's license, and a high school diploma or GED and must be 18 years of age. Starting hourly rate is \$12.00 per hour. The City of Hood River is an equal opportunity, affirmative action employer. A more detailed explanation of this position can be seen at the City website ci.hood-river.or.us

All applicants must have reliable transportation, be independent self-starters, must work well with others and be able to take direction. An oral interview and reference check plus job-related tests may be required. Position is open until filled by qualified applicant. Applications may be obtained at City Hall, City of Hood River, 211 2nd Street, Hood River, OR 97031, at the City website www.cityofhoodriver.com or by calling 541-386-1488.

City of Hood River Job Description

JOB TITLE: Public Works Seasonal Laborer

SUMMARY: Under the direction of a Supervisor, Lead position, Foreman or skilled Maintenance position, you must be able to perform a variety of manual tasks and learn to perform semi-skilled tasks, the operation of light automotive, use of power tools and other equipment used in maintenance and repair work of various kinds.

ESSENTIAL DUTIES AND RESPONSIBILITIES

General City Operations:

Must be in good physical health to travel over steep, brushy terrain, temporarily lifting up to 100 pounds, and safely operate a variety of hand tools, power tools, lawn mowers, riding lawn mowers, weed eaters, shovels, chainsaws, and other small hand equipment.

Perform turf, grounds, building and equipment maintenance, chemical, pruning, cleaning and stocking of restrooms.

Cleans and repairs vandalism damage to buildings, playgrounds and irrigation equipment, benches, tables, grounds & turf.

May need to assist in flagging for City road crews and clean-up of work areas or job sites and equipment. Will likely need to operate some heavy equipment and machinery.

QUALIFICATION REQUIREMENTS: To perform this job successfully, an individual must be able to accomplish each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. In addition it is critical that the candidate works well with others, and receives direction well from any supervising or authority figure on the job.

EDUCATION and/or EXPERIENCE: High school education or GED; or one year related experience or training; or equivalent combination of education and experience.

LANGUAGE SKILLS: Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively communicate information in one-on-one and small group situations, to customers, clients, and other employees of the organization.

MATHEMATICAL SKILLS: Ability to do addition, subtraction, multiplication and division relating to various materials of volume, weight and size, and in usage of American currency.

REASONING ABILITY: Ability to apply common-sense understanding to carry out detailed written or oral instructions. Ability to effectively problem solve.

CERTIFICATES, LICENSES, REGISTRATIONS: Possession of a valid motor vehicle operator's license.

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 these duties. The position requires good eyesight.

While performing the duties of this job, the employee is regularly required to stand, walk, use hands and fingers to handle tools or controls, reach with hands and arms and talk or hear. The employee frequently is required to climb or balance, stoop, kneel, crouch, and/or crawl.

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.

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 near moving mechanical parts and in outside weather conditions. The employee occasionally works in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration.

The noise level in the work environment is usually loud.

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