

Customer Service Representative

The successful candidate will provide customer service in the areas of Utility Billing, Parking, Transient Room Tax, and Municipal Court at City Hall. The position will work alongside and provide support to a team of experienced employees while one member is on maternity leave. It's expected that the limited duration position will perform mostly tasks of entry-level difficulty.

This is a limited duration (May-Sept), full-time position with a salary range of \$3,513-4,321 per month. An oral interview and reference check will be required. Open until filled, with first review April 15, 2019. 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.



CITY OF HOOD RIVER

211 2nd Street, Hood River, OR 97031 Phone: 541-386-1488

JOB DESCRIPTION

Customer Service Representative

Department: Finance

Reports to: Administrative Services Officer

Classification: Temporary, Full-time, Non-Exempt, Non-Represented. This is a limited duration position, May – September, 2019

Salary: Grade B

GENERAL PURPOSE:

Performs a variety of administrative duties in support of Municipal Court, Utilities and Parking operations requiring considerable public contact; assignments include front counter and telephone coverage; processing payment transactions; assisting with collection activities; performing data entry; revenue collection and reporting.

The position works as part of a three-person cross-trained workgroup. The position will work alongside and provide support to a team of experienced employees while one member is on maternity leave. It's expected that the limited duration position will perform mostly tasks of entry-level difficulty.

This is a temporary position, duration of five months (May – September, 2019).

SUPERVISION RECEIVED:

Receives administrative direction from the Administrative Services Officer.

SUPERVISION EXERCISED:

This position is not a supervisory position

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Serves and responds to walk-in, written and electronic correspondence, provides customers service in the areas of Utility Billing, Parking, Transient Room Tax, and Municipal Court.

Customer Service Representative Duties:

- Maintain regular and consistent attendance and punctuality
- Engage with and assist City customers, including listening to and responding to customer needs through clear and pleasant communication
- Answer phones, return voicemails, note customer files
- Assist customers in person and on the telephone
- Take payments for multiple municipal services
- Process incoming mail
- Data-entry to complete processes in Municipal Court, Utilities, Parking & Transient Room Tax collection
- Filing records for multiple departments
- Other duties as directed

KNOWLEDGE, SKILLS AND ABILITIES:

- Strong interpersonal and ability to work as a team is critical
- Ability to learn quickly
- Ability to understand and carry out oral and written instructions and request clarification when needed
-

DESIRABLE QUALIFICATIONS:

- High School graduation or GED equivalent.
- Knowledge of office procedures and practices; knowledge of basic financial processes.
- Proficient in Microsoft Office Suite programs
- Ability to multitask and perform duties accurately; communicate effectively both verbally and in writing; handle stressful situations.
- Ability to work with limited supervision.
- Proficiency in Spanish is preferred.

TOOLS AND EQUIPMENT USED:

General office computer/equipment including, but not limited to; keyboard, computer software, 10 key calculator, document scanning, copier, fax machine and video conferencing equipment.

WORK ENVIRONMENT AND PHYSICAL DEMANDS:

This position primarily works at a desk in an office environment from 8am-5pm, with various times of high volume customer service. While performing the duties of this job, the employee is frequently required to sit, talk or hear, use hands to finger, handle or feel objects, tools or controls; and reach with hands and arms.

There may be infrequent lifting, pulling and managing of equipment or supplies up to 50lbs. Specific vision abilities required by this job include close vision and the ability to adjust focus.

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.

Approval: _____
City Manager Date

Approval: _____
Finance 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 Some College Associate's Degree Master's Degree High School Technical College Bachelor'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