



# CITY OF HOOD RIVER

FIRE & EMERGENCY MEDICAL SERVICES

1785 Meyer Parkway, Hood River, OR 97031 | HoodRiverFire.com  
Office 541-386-3939 Fax 541-387-4590



## Position Announcement

### College Intern Program

Hood River Fire & EMS is creating an eligibility list for our College Intern Program. This program was established to provide financial assistance and residence to individuals enrolled in an accredited college, with preference given to Fire Science, EMS, and/or Allied Health educational tracks. The City of Hood River will provide full time residence and up to \$8,000 per year for tuition and other approved education related expenses. In return, the intern will be obligated to 108, 24-hour shifts per year on an assigned shift at the Hood River Fire Department for a minimum of 2 years.

### Qualifications

- Must be at least 18 years of age and have documentation of a High School Diploma, G.E.D., or Certificate of Advanced Mastery.
- Oregon EMT
- Must possess and maintain a valid Driver's License and be insurable by the City of Hood River insurance carrier.
- Will need to pass an application process, oral interview and drug screen.
- NFPA Firefighter I training completed (preferred).
- NFPA Hazardous Materials Operations Level Responder training completed (preferred).
- Wildland Interface Firefighter (FFT2) training completed (preferred).

### How do I apply?

- Go to: <https://cityofhoodriver.gov/employment-opportunities/>
- Email complete application packet to: [m.vanlaar@cityofhoodriver.gov](mailto:m.vanlaar@cityofhoodriver.gov) or mail to Hood River Fire & EMS, Attention Marcus VanLaar, 1785 Meyer Parkway, Hood River, OR 97031. This must include a copy of your driver's license and copies of certifications/training completed.
- Applications must be received by **December 15, 2020**

We are looking to interview candidates in January 2021, followed by appointments made contingent upon background check and drug screen results.

We greatly appreciate your interest in our program. If you have any questions, please contact Marcus VanLaar at [m.vanlaar@cityofhoodriver.gov](mailto:m.vanlaar@cityofhoodriver.gov)

**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