



# 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 offer two options (1) full-time residence (2) non- residence. Up to \$14,000 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 19 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: [S.Tennant@cityofhoodriver.gov](mailto:S.Tennant@cityofhoodriver.gov) or mail to Hood River Fire & EMS, Attention Scott Tennant, 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 **February 15<sup>th</sup>, 2024**

We are looking to interview candidates in February 2024, 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 Scott Tennant [S.Tennant@cityofhoodriver.gov](mailto:S.Tennant@cityofhoodriver.gov)

# HOOD RIVER FIRE & EMS

## Administrative Policy

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### Intern Program

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#### **PURPOSE:**

Interns will respond along with shift personnel to all calls for emergency response as their training permits. Interns will also provide service as a driver for ambulance transfers and assist with station duties. In consideration of this service, Interns receive an educational tuition coverage to pursue a degree in an approved educational track. The goal is to provide an opportunity for academic and practical skill development to individuals who demonstrate potential for successful fire service, EMS service, or other related healthcare services and who may come from backgrounds underrepresented in the fire/EMS/healthcare services, or who otherwise have faced obstacles to gaining educational and/or experience in these fields.

#### **AUTHORITY & RESPONSIBILITY:**

The Fire Chief has overall responsibility for the financial management of the Intern Program. The Training Officer has responsibility of the operational management of the program. Each Shift Officer has responsibility of the daily activities of their assigned Intern.

#### **REFERENCES:**

- Intern Program Agreement (Form 1-20.01)
- EMT Driver Job Description (DAP 1-20.38)
- EMT Field Training Manual (Form 8-20.01)

#### **POLICY:**

##### **Qualifications**

1. Must be at least 19 years of age and have documentation of a High School Diploma, G.E.D., or Certificate of Advanced Mastery.
2. Must possess an Oregon EMT certification.
3. Must possess and maintain a valid Driver's License and be insurable by the City of Hood River insurance carrier.
4. Will need to pass an application process, oral interview, and drug screen.
5. Must pass Hood River Fire & EMS in-house agility exam.
6. NFPA Firefighter 1 training completed (preferred).
7. NFPA Hazardous Materials Operations Level Responder training completed (preferred).
8. Wildland Interface Firefighter (FFT2) training completed (preferred).
9. Resident Intern (preferred).

##### **Requirements**

1. Interns will be enrolled in an accredited college, in an approved field of study, unless approved by the Training Officer.

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2. Preference will be given to Fire Science, EMS Educational Programs and Allied Health educational tracks.
3. Must maintain a 2.0 or better.
4. Interns will be encouraged to actively engage in the Hood River Volunteer program.
5. Interns are encouraged to respond to calls, if possible, when not on shift.

### Roles

1. Resident Intern: An intern who lives at the station. The resident intern works their assigned shift and responds accordingly.
2. Non-resident Intern: An intern who works on an assigned shift schedule, but their primary residence is away from Hood River Fire & EMS.

### Duties and Operational Responsibilities

1. Interns will respond along with other shift personnel to all calls for emergency response.
2. Interns will be the primary driver for long distance transfers.
  - a. Interns needs to be operational as a sole driver within 60 days of starting.
  - b. Interns will have their entire EMS Field Training Manual completed within 90 days of starting.
3. Interns will participate in fire safety education classes and fire safety inspections under the supervision of the shift officer.
4. Interns will actively participate in performing daily station maintenance and other work assignments as directed by the shift officer.
5. The level of participation by the Intern in emergency situations will be at the discretion of the company officer or paramedic in charge.
6. Interns may or may not fulfill firefighter response roles. This will depend on their previous training and operational needs of their assigned shift. The Fire Chief and Training Officer will decide if an EMS only Intern may be appointed.

### Shift Assignments

1. Interns will be assigned to one of three duty shifts, A, B or C, under the supervision of the shift officer.
2. The Intern should understand that being assigned to a shift and performing activities with that shift, be it under emergency situations or just day to day activities, shall be for the Intern benefit of learning the actual conditions encountered on the job.
3. The Intern will be assigned to 48-hour on 96-hour off shifts on a regular rotation; shift will start at 0730. The Intern may be assigned to a different shift every six months, this style of rotation will be up to the Training Officer.

### Training

1. Interns are encouraged but not required to attend off duty training and drills.
2. While off duty, Interns are encouraged to respond to all station or greater alarm calls. This is encouraged due to the hands-on experience that can be obtained during these situations.

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### Conduct

1. Interns will conduct themselves in a manner acceptable to Hood River Fire & EMS (i.e., behavior, physical appearance, personal hygiene, and overall cooperation with other Fire Department personnel and members of the public). The Intern must remember that his/her actions will reflect on the image of Hood River Fire & EMS.
2. Interns who consume alcoholic beverages off-site and off-duty will not respond to emergency calls for a minimum of twelve hours.
3. Interns will adhere to current City of Hood River's drug and alcohol policy found in the City's personnel handbook.
4. Hood River Fire & EMS practices customer service within the organization. It is the Intern's responsibility to maintain and uphold this philosophy in all dealings with the department's patrons.
5. Interns will be subject to all department policies, rules, and regulations. Interns must also abide by all federal, state, and local laws.
  - a. Failure to comply with them, or any of the criteria required for placement in this program may result in release from the program.
6. Interns shall notify the shift officer and Training Officer one month prior to discontinuing participation in this program. This notification shall be in writing.
  - a. All issued items (i.e., pagers, keys, and personal protective equipment) must be returned prior to departure. Hood River Fire & EMS reserves the right to recover expenses from any Intern should they withdraw from the program. See prorate explanation below in "**Reimbursements.**"

### Program Management

1. The Training Officer or designee shall have the responsibility of Intern recruitment, retention of educational records, and monitoring Intern performance (in cooperation with the assigned Shift Officer).
2. The Training Officer or designee shall have the responsibility of administration, monitoring, and periodically evaluating the Intern program.

### School and Class Requirements

1. The Hood River Fire & EMS Intern Program is designed to be a multi-year program. All class schedules and training shall be in accordance with a timeline to graduate with an associate degree, preferably in Fire Science, Paramedicine, or other related allied health degree.
  - a. The Intern is strongly encouraged to utilize their college's advisors to help ensure that he/she is on a correct track to achieve their educational goals.
2. Interns will carry at least twelve (12) credit hours per academic term. Any exception must be pre-approved by the Training Officer or designee. Each student must have their class schedules approved by the Training Officer or designee.
3. Interns must maintain a 2.0 grade point average per term with an acceptable attendance record.

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- a. If the Intern grade point average falls below 2.0, the Intern will be placed on academic probation and have until the end of the next term to bring the average back up to 2.0 per term or he/she may be terminated from the program.
4. Interns will provide the Training Officer or designee with a copy of their grade report after each academic term for placement in their files.
5. Interns are excused from duty any time that they are involved in a school class or lab.
  - a. HRFD expects the intern to report for duty as school scheduling allows.
  - b. There may be times when early morning classes on day 1 will require the Intern to report for duty and then go to class.
  - c. With many classes being held in the Portland area as well as many Interns residing in the greater Portland area, it is not the intent of HRFD to needlessly require the Intern to drive in for a few hours of duty prior to class.
  - d. Interns shall review their schedules with their shift officer and address scheduling conflicts that may arise.
  - e. As a rule, when the Intern resides in the greater Portland area and the class is being held in the greater Portland.
    - i. If the class is scheduled to begin before 1200 (noon) the Intern need not report for duty until after the class.
    - ii. The Intern will report for duty following their class.

### Uniforms and Clothing

1. The Intern will be provided with uniform items to be worn while on duty. Items will be laundered and kept in-service at the station. Uniforms may include the following:
  - a. Department blue T-shirt
  - b. Department blue sweatshirt
  - c. Uniform Shirt
  - d. Uniform pants
  - e. Approved black footwear
  - f. Approved black belt
  - g. Department hat
  - h. Department jacket
  - i. PPE:
    - i. Eye glass
    - ii. Exam gloves
    - iii. Exam mask
  - j. Firefighters PPE
    1. Turnouts (all firefighting PPE)
      - a. To remain at the station
2. Uniforms shall not be worn at any time off duty except for travel to and from assigned shift work.
3. These items are to be returned to the Training Officer when replacements are needed and at the conclusion of program participation.

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4. Protective clothing will be provided to the Intern at no cost. The Training Officer will supply the Intern with the appropriate items. These items will need to be returned prior to conclusion of the program.

### Evaluations

1. The shift officer or assigned FTO will complete FTEP (monthly observation review) to track their progress throughout the first 6 months of the program. The completed form will be turned in to the Training Officer and placed in the Intern's personnel file for record keeping. A copy will be given to the Intern. After the initial 6 months, no routine evaluation will be required. Individual corrective action plans will be utilized for any deficiencies.
2. Interns will be evaluated by the shift officer or designee in the following areas:
  - a. Ability to comprehend and retain given information
  - b. Willingness to learn
  - c. Work habits
  - d. Work performance
  - e. Interpersonal skills
  - f. Equipment location on apparatus
  - g. Operation of power equipment
  - h. Fire Prevention activities
  - i. Station duties
  - j. Attendance
  - k. Grades
  - l. Medical skills
  - m. Firefighter skills
  - n. Driving
  - o. Apparatus operation (depending on certification level)
  - p. Department Standard Operating Guidelines
  - q. Roads, streets, and hydrants

**It is the Intern's responsibility to be aware of these and take the necessary steps to assure a successful evaluation.**
3. Comments on positive Intern achievement, special recognition, recommendations for disciplinary action, complaints, or suggestions will also be included in the comment section.

### Absences, Leave, and Time Off

1. Interns will be assigned to a specific shift (A, B, or C).
2. Interns will be granted leave in the amount of 288 hours, (12 shifts), per year. The year will start at appointment date. The Shift Officer will maintain records on each Intern accumulated time off.
3. Leave time will accrue at a rate of 24 hours per month. This leave is to be used at the Intern's discretion with approval by the Shift Officer.

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- a. Examples for using time off are personal time, vacation time, family emergencies, illness, doctor appointments, etc. Unused leave will accrue and be carried over into the next school year. Prudent use of leave is strongly advised.
  - b. In the event of prolonged medical leave for the Intern or FMLA qualifying family member, additional time may be provided by the department.
4. All vacation request forms will be approved by the Shift Officer for tracking and record keeping.

### Tuitions & Reimbursements

1. Interns should continually be making progress to achieve their educational goal. It is the intention of this program that the Intern graduates at the end of two years with an Associate's degree. Internships may be extended further than two years if both The City and the Intern agree and create a plan of continued participation.
  - a. Interns will be continually evaluated by the Training Officer to see that they are on schedule to graduate.
2. The student's advisor as well as the Training Officer must approve all schedules and classes. Termination from the program may result if this schedule is not maintained.
3. Expenses:
  - a. This payment will only be made while the Intern is actively participating as an Intern with Hood River Fire & EMS. Tuition payments are made each term directly to the college.
  - b. Resident Intern:
    - i. City shall pay up to \$14,000 per year towards tuition for the Fire Science, EMS Educational Programs and Allied Health Program tuition, books, lab fees, and other approved school expenses, a one-time \$600.00 laptop reimbursement, and up to an additional \$750 reimbursement per quarter for approved living expenses, such as food, fuel, and other school expenses.
    - ii. Shall receive free lodging. Resident Intern is defined as someone who resides at the fire station 90% of their time. During their days off they are encouraged to have down-time away from the station to relax and get refueled. Resident means after their daily activities and outings they return to the station as their home.
  - c. Non-resident Intern:
    - i. City shall pay up to \$12,000 per year towards tuition for the Fire Science, EMS Educational Programs and Allied Health Program tuition, books, lab fees, and other approved school expenses, a one-time \$600.00 laptop reimbursement, and up to an additional \$500 reimbursement per quarter for approved living expenses, such as food, fuel, and other school expenses.
4. Must request approval from the Training Officer or Designee prior to making purchases for which they will seek reimbursement. Interns shall provide anticipated class schedules to the Training Officer at the beginning of each term.
  - a. Reimbursements are not available to Interns who do not maintain a GPA ~~above~~ 2.0 or who fail to follow all policies as set forth by the Department.
  - b. All education and living expense reimbursements require the submission of a reimbursement request packet, which contains the reimbursement request form, valid receipts for purchases, final passing grades in the form of a

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transcript, reimbursement breakdown (Excel spreadsheet), and proof of payment for expenses incurred. The validity of receipts will be determined by the Training Officer or Fire Chief, but are anticipated to include purchases for gas, food, and school expense. Any receipts for purchases other than food and fuel must contain a reason for purchase, i.e., "for EMT class". Reimbursement packets must be received with complete and accurate information within thirty (30) days after the end of the quarter to qualify. Receipts that do not fall within the appropriate quarter will not be considered.

- c. Classes that receive a final letter grade of a C or above shall be considered passing and part of the reimbursement total. All claims must be submitted to and approved by the Training Officer. Claims will be sent to the Fire Chief.
- d. If the Intern does not pass the class or fails to complete the class, any amount paid by the City that is non-refundable by the school will be reimbursed by the Intern directly to the City. Any funds not reimbursed to the City will be turned over to collections.

### Equipment Return Procedure

1. All assigned items shall be checked back in prior to a student leaving the program. This check in will be a formal procedure as set forth by the Training Officer and/or shift Captain.

### Facilities Use and Visitor Policy

1. Interns may do light maintenance work on their private vehicles providing there is no conflict with other department activities.
  - a. On regular workdays, private vehicles are not allowed in the apparatus bay prior to 5:00 PM. Authorization will be obtained from the duty officer before any procedures begin.
2. **Under no circumstances** will any private vehicle be permitted to be parked in front of an in-service piece of apparatus. The work area will be cleaned, and all tools used will be stored in their appropriate place after completing the task.
3. Visitors will be allowed in the station on a limited basis. Conjugal visits will not be allowed.
4. Except for department sanctioned events, curfew for visitors will be 2200 hours. Noise will be held to a minimum after 2200 hours.
5. Non-fire department personnel will not be permitted in the dorm sleeping areas without the permission of the duty officer. All visitors must always be accompanied by fire department personnel while in the station.
6. Personnel will be responsible for maintaining the integrity of the security system. The combination to the outside door shall not be given to non-members.
7. No person shall damage or deface city property, equipment, or buildings. Every effort will be made to properly maintain the condition and appearance to the Fire Station and equipment.
8. Shop tools and equipment will be replaced immediately following their use.

### Residency Specific Guideline



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1. Interns are encouraged to maintain full time residency at the fire station. This is optional for all Interns.
2. Intern's rooms will be assigned at the discretion of the Training Officer.
3. Interns are responsible for the upkeep of their individual living areas. This means all personal possessions shall be put away, dirty clothes shall be hampered, and floors shall be clean of debris. Beds shall be neatly made each morning.
4. Interns are responsible for the upkeep and cleanliness of their living areas.
5. Clutter will be picked up, bathrooms maintained in a clean manner, floors vacuumed or mopped, and counters kept clean.

### **Miscellaneous**

1. Amendments to the Intern rules and regulations will be posted on the station bulletin board and copies given to each Intern.
2. The Fire Department reserves the right to assign, discipline, and discharge any student as the need arises.
3. The Intern understands that there is no job offer at the end of the agreement period.
4. Shift and work assignments will be made at the discretion of the shift officer.

### **Termination from the Program**

1. The City and Fire Chief reserve the right to terminate any individual that has been selected for this program, from the program and to terminate the agreement between the Intern and Hood River Fire & EMS if any of the above conditions are not adhered to.

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**Intern Program Agreement**

Intern Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Circle one: Resident    Non-Resident

**CERTIFICATION**

As a College Intern for Hood River Fire & EMS, I agree to follow and understand the duties of the position as outlined in the College Intern Program Admin Policy (1-20.30). I also agree to follow all Department Administrative Policies and Guidelines.

In return, the City of Hood River agrees to follow the same policies outlined above. This agreement can be terminated by either party with mutual consent and at least 30 days notice. I agree to the "Termination from the Program" portion of Policy mentioned above. The City agrees to compensate the Intern according to the Policy mentioned above.

Signed:

\_\_\_\_\_  
College Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

# Hood River Fire & EMS

## Reimbursement Request

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

### What are you requesting reimbursement for?

Expenses       Living Expenses       Fuel       Other (specify below)

Other:

For expenses, please provide your term and the program you are in. For food and fuel reimbursement, please provide the quarter.

Term: \_\_\_\_\_ Program: \_\_\_\_\_

Quarter:  Q1 (Jan – Mar)     Q2 (Apr – Jun)     Q3 (Jul – Sep)     Q4 (Oct – Dec)

Reimbursement Request Amount: \_\_\_\$\_\_\_\_\_

### Intern Guide:

#### Programs:

#### *Tuition and Books*

#### *Receipts*

Resident	Up to \$14,000 with submission of a final passing grade (C or above) and proof of payment.	Up to \$750.00 per quarter for approved living and school expenses. Must submit valid receipts for purchases.
Non-resident	Up to \$12,000 with submission of a final passing grade (C or above) and proof of payment.	Up to \$500.00 per quarter for approved living and school expenses. Must submit valid receipts for purchases.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Training Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Entry Information

Check #: \_\_\_\_\_

Total Reimbursed

Since Start: \_\_\_\_\_

Check 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: HOOD RIVER FIRE &amp; EMS INTERNSHIP

**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	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
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**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