



**HONOR - INTEGRITY - EXCELLENCE**

## **Join the Hood River Police Department Entry and Lateral Openings**

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**Open Date:** February 9, 2024

**First Review:** March 22nd, 2024

**Salary range:** \$5,322/month - \$6,360/ month

**Laterals may start higher in the salary range based on experience.**

**POLICE OFFICER (Lateral or Entry Level)- HOOD RIVER, OR – Pop. 8305.** Salary range \$5,322-\$6,360/mo. This position is represented by the Hood River Police Association, who are currently negotiating a new bargaining agreement. DOQ. Starting salary for a lateral hire is negotiable based on relevant law enforcement experience. **Lateral level** applicants with a minimum of 2 years' experience will automatically be awarded an interview and are not required to complete the written or physical testing phase. **Entry level** candidates for position must pass written, physical agility, and psychological tests, as well as a background investigation and pre-employment drug screening Bi-lingual Spanish preferred. *Excellent benefit package offered; Oregon Public Employees Retirement System, City pays 90% of Health Insurance Premium, City VEBA contributions, vacation, and paid leave/Holiday accruals. Bi-lingual pay 5%, Intermediate Certificate pay 5%, Advanced Certificate pay 10%. EE/AA.*

### **To apply:**

Applications and a full position description may be obtained at

<https://cityofhoodriver.gov/employment-opportunities/> or in-person at the Hood River Police Department: 207 Second Street, Hood River, Oregon 97031. Applications may be hand-delivered, mailed to City of Hood River administration, or emailed to [s.galvez@cityofhoodriver.gov](mailto:s.galvez@cityofhoodriver.gov).

### **Testing:**

Testing must be completed prior to submitting your application. For testing locations and times, visit the National Testing Network online at

<https://nationaltestingnetwork.com/publicsafetyjobs/exams.cfm> or call 855-821-3761.

*The City of Hood River is an Equal Opportunity/Affirmative Action Employer.*



# Hood River City Police Department

211 2<sup>nd</sup> Street, Hood River, OR 97031 Phone: 541-387-5256



## JOB DESCRIPTION

### Police Officer

**Department:** Police

**Reports to:**

**Classification:** Full time, non-exempt, represented

**Salary Range:** \$5,322.-\$6,360./mo.

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#### KEY DISTINGUISHING DUTIES:

Performs police patrol, investigation, traffic regulations, and related law enforcement activities.

#### SUPERVISION:

- Received: Works under the general supervision of a Police Sergeant
- Exercised: Supervision is not a normal responsibility of this position

#### RESPONSIBILITIES:

The following list is not intended to be all inclusive. Generally, an employee in this position is at times required to:

- Work on rotating shifts performing security patrols, traffic control, investigation and first aid at accidents, detection, investigation, and arrest of persons involved in crimes or misconduct.
- Work an assigned shift using own judgment in deciding course of action being expected to handle difficult and emergency situations without assistance.
- Maintain normal availability by radio or telephone for consultation on major emergencies or incidents.
- Carry out duties in conformance with Federal, State, County, and City laws and ordinances.
- Patrol City streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic, prevent or detect and investigate misconduct involving misdemeanors, felonies, and other law violations.
- Perform community caretaking functions.
- Respond to emergency radio calls and investigate traffic crashes, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, and to take appropriate law enforcement action.
- Interrogate suspects, witnesses, and drivers. Preserve evidence, arrest violators. Investigate and render assistance at crash scenes. Summon ambulances and other law enforcement assistance. Take measurements and draw diagrams of scenes.

- Conduct follow up investigations of crimes committed during assigned shift. Seek out and question victims, witnesses, and suspects. Develop leads and tips. Search scenes of crimes for clues. Analyze and evaluate evidence. Prepare cases for giving testimony and testify in court proceedings.
- Prepare a variety of reports and records including reports of investigations, field interview reports, alcohol influence reports, breathalyzer check lists, bad check forms, vehicle impoundment forms, traffic hazard reports, and other law enforcement reports and forms.
- Undertake community-oriented police work, and assist citizens with such matters as crime prevention, drug abuse education, traffic safety, and other related functions.
- Conduct patrol activities including directing traffic, investigation of reported or observed violations of law, and conducting patrol activities.
- Coordinate activities with other officers or other City departments as needed, exchange information with officers in other law enforcement agencies, and obtain advice from the City Attorney, District Attorney, Municipal Prosecutor, and Municipal and Circuit Court Administrators, regarding cases, policies, and procedures, as needed and assigned.
- Maintain contact with police supervisory personnel to coordinate investigation activities, provide mutual assistance during emergency situations and provide general information about Department activities.

#### **PERIPHERAL DUTIES**

- Maintains departmental equipment, supplies and facilities.
- Serves as a member of various employee committees.

#### **EDUCATION, EXPERIENCE, LICENSING AND OTHER SPECIAL REQUIREMENTS:**

##### **ENTRY LEVEL:**

- An employee in this position must: Be 21 years or older at time of employment; Not have any felony convictions or other disqualifying criminal history; be a U.S. citizen, or be able to attain citizenship within 12 months of hire; be able to read and write the English language meeting the minimum standard as set by the Oregon Department of Public Safety Standards and Training (DPSST); be of good moral character, having temperate and industrious habits; be able to learn the applicable laws, ordinances, and departmental rules and regulations; be able to communicate both orally and in writing; be able to establish and maintain effective working relationships with the general public, police department personnel, and personnel from other City departments and other agencies; be able to follow verbal and written instructions; be able to learn the City's geography; be able to exercise sound judgment in evaluating emergency and non-emergency situations and in making decisions; be able to perform duties on self-initiating basis without constant and/or direct supervision.

#### **EDUCATION AND EXPERIENCE:**

- High school diploma or equivalent. An Associates or Bachelor's degree or vocational school training in police science, law enforcement, criminal justice administration, public administration, or a related field is preferred.
- An equivalent combination of education and experience.
- Necessary Knowledge, Skills, and Abilities
- Some knowledge of, or ability to learn, modern law enforcement principles, procedures, techniques, and equipment.

- Some skills in operating the tools and equipment are listed below.

#### **LATERAL LEVEL:**

- Must be able to meet all Entry Level requirements listed above.
- Must have at least 12 months of full-time paid service as a sworn police officer in a civilian governmental jurisdiction prior to application.
- Successful completion of Department of Public Safety Standards and Training requirements and hold a Basic Police Officer certification.

#### **SPECIAL REQUIREMENTS**

- The employee must possess, or be able to obtain by time of hire, a valid driver's license, must attain and maintain basic first aid and CPR certifications, and must have the ability to pass the DPSST standard ORPAT physical agility test at time of hire or prior to completing DPSST police academy after hire.

#### **WORK ENVIRONMENT AND PHYSICAL DEMANDS:**

Police vehicles, police radio, radar and lidar, tint meters, digital cameras, audio and video recording devices, handgun and other weapons as required, electronic control devices, side handle or ASP baton, handcuffs, breathalyzer, first aid equipment, computers and related records management and word processing software, and other law enforcement tools and 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. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee is occasionally required to stand, walk; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

**Disclaimer:** The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.

**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.**

EMPLOYMENT APPLICATION		
CITY OF HOOD RIVER –	<b>HOOD RIVER POLICE DEPARTMENT</b>	Received: _____

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

JOB INFORMATION	
	* POSITION TITLE: <b>POLICE OFFICER</b>

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? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE	

EDUCATION	
WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:	
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate
HIGH SCHOOL EDUCATION	
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
SCHOOL NAME	STATE

COLLEGE/UNIVERSITY EDUCATION		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		

DRIVER'S LICENSE INFORMATION		
* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	LICENSE NUMBER	STATE

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**

<b>WORK HISTORY</b>			
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			
<b>WORK HISTORY</b>			
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

☐ BEGINNER☐ SKILLED☐ EXPERT

EXPERIENCE (YEARS OR MONTHS)

SKILL

SKILL LEVEL

☐ BEGINNER☐ SKILLED☐ EXPERT

EXPERIENCE (YEARS OR MONTHS)

**LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN**

LANGUAGE

☐ SPEAK☐ READ☐ WRITE

LANGUAGE

☐ SPEAK☐ READ☐ WRITE**EMPLOYMENT OBJECTIVE**

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

**ADDITIONAL INFORMATION**ARE YOU A U.S. CITIZEN? ☐ YES ☐ NOIF YOU ARE NOT A U.S. CITIZEN, ARE YOU ABLE TO OBTAIN U.S. CITIZENSHIP WITHIN ONE YEAR OF HIRE DATE? ☐ YES ☐ NO**HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING:**DRIVING UNDER THE INFLUENCE OF INTOXICANTS 9 WITHIN THE LAST 3 YEARS) ☐ YES ☐ NOTWO OR MORE CHARGES OF DIRVING UNDER THE INFLUENCE OF INTOXICANTS? ☐ YES ☐ NOWITHIN THE LAST 2 YEARS HAVE YOU BEEN CONVICTED OF RECKLESS DRIVE, ATTEMPT TO ELUDE, FAULT TO PERFORM THE DUTIES OF A DRIVER (HIT AND RUN), FELONY DRIVING WHILE SUSPENDED OR REVOKED? ☐ YES ☐ NODOMESTIC VIOLENCE ASSAULT? ☐ YES ☐ NOA FELONY? ☐ YES ☐ NOANY CRIME INVOLVING CONTROLLED SUBSTANCES? ☐ YES ☐ NOHAVE YOU EVER SERVED IN THE ARMED SERVICES? ☐ YES ☐ NOIF YOU ANSWERED YES, DID YOU RECEIVE AN HONORABLE DISCHARGE? ☐ YES ☐ NO**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 the 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 to 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)

- ☐ NTN
- ☐ CITY OF HOOD RIVER WEBSITE
- ☐ HOOD RIVER POLICE DEPARTMENT WEBSITE
- ☐ OREGON EMPLOYMENT DEPARTMENT
- ☐ COLUMBIA GORGE NEWS
- ☐ LOCS
- ☐ BLUE MOUNTAIN CLASSIFIEDS
- ☐ 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