

# Hood River County

## *Employment Opportunity*

Sheriff's Office

Hood River County Human Resources

Business Administration Building

601 State Street, Hood River, Or.

97031 Phone: (541) 386-6829

An Equal Opportunity Employer

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**April 2025**

**911 Dispatch Center**

Join Hood River County as an entry or lateral transfer 911 Emergency Dispatch. Hood River County offers paid sick leave, paid vacation, 100% County funded Public Employee Retirement, 11 paid Holidays, shared cost medical, vision and dental insurance coverage and many other benefits.

Ideal candidates display self-control, integrity, dependability, attention to detail and the ability to multitask and work well under pressure – if this sounds like you and you're interested in something new and exciting everyday – we've been looking for you!

This is an entry level position where on-the-job training is provided. The environment can be fast paced and exciting, every day is different and offers an amazing way to contribute to the community's safety.

Lateral applicants are encouraged to apply. To be considered lateral the following applies:

- At least 2 years of Continuous experience as an emergency communications dispatcher with a primary Public Safety Answering points (PSAP) within the last 3 years at the time of application.
- Possess a DPSST Basic Telecommunicator certification through the State of Oregon or equivalent from another State.

### DUTIES:

- Monitors telephones and radio in the dispatch center, answers all incoming calls and ascertains nature of call, gathers all necessary information to transmit or relay.
- Dispatches police and other response vehicles for emergency responses; broadcasts nature, location and time of incident; contacts all required personnel and other local concerns such as the fire department in the event of an emergency situation; ensures the presence of reserve units by contacting personnel designated for call-back; relays information as required.
- Maintains log on radio and telephone communications, location of personnel and equipment; in the event of an emergency situation, maintains on-going contact with the responding personnel and keeps them informed of all incoming pertinent information; keeps track of various information such as malfunctioning traffic lights and street closures and keeps emergency personnel informed.

Please contact [911supervisors@hoodriversheriff.com](mailto:911supervisors@hoodriversheriff.com). with any questions. We offer a chance to sit with experienced staff and observe the job firsthand and ask all the questions you have about the job. We look forward to sharing with you. This is an amazing way to be involved in your community.

### EXAMINATION AND APPLICATION PROCESS:

- Complete and submit a Hood River County Application – Applications may be found at Administration Office at Hood River County, 601 State Street, Hood River, OR 97031 Access Hood River County website: [www.hoodrivercounty.gov](http://www.hoodrivercounty.gov) ; Services; Employment Call Human Resources: 541.387.6829
- Documents may be submitted by: Email to: [hr@hoodrivercounty.gov](mailto:hr@hoodrivercounty.gov)
- Physical drop off or mail to: 601 State Street, Hood River, OR 97031

**Open until filled; first application review May 1, 2025. HOOD RIVER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.**

**BENEFITS: 100% Paid Oregon Pers-Retirement, 11 Paid Holidays, Paid Vacation, Paid Sick Leave, Medical, Vision, Dental, HRA VEBA, Flexible Spending, Deferred Compensation.**

**SALARY:**      \$22.99 to \$23.55/hour– Dispatch Trainee      \$24.17 to \$29.73/hour -Certified Dispatcher



## HOOD RIVER COUNTY

*A Small County with a big mission:  
Providing Quality of Life for all.*

FLSA Status: Hourly

Union: HRCLEA

Work Comp Code:

EEOC:

Job Group:

Salary Range:

<b>JOB TITLE</b>	911 Dispatcher
<b>REPORTS TO</b>	911 Supervision Team

### Job Summary

The 911 Dispatcher answers 9-1-1 and non-emergency telephone lines in addition to providing emergency dispatch services. The 911 Dispatcher operates complex communication systems to include a two-way radio system, multi-line telephone system and computer aided dispatch (CAD).

### Responsibilities – Essential Capabilities

- Operates telephone and computer equipment in receiving and processing incoming 9-1-1 and non-emergency calls for police, fire and emergency medical services and other public requests for assistance.
- Provides pre-arrival instructions to callers awaiting the arrival of responding emergency units.
- Dispatch public safety resources and monitors status of public safety field units.
- Accurately documents information on units' activities and requests.

### Skills

- Ability to use telephone, computer and radio while simultaneously prioritizing the requests and tasks
- Studies and maintains familiarity of local geography, including streets, communities and landmarks of Hood River County and surrounding areas
- Receives and relays information from other public and private organizations, notifies and activates other service agencies
- Maintains a positive customer service attitude with citizens, users, co-workers and management
- Ability to learn new techniques, learn to operate new equipment and software programs and to adapt to quickly changing work requirements in a high intensity work environment
- Adherence to agency and State of Oregon policy and procedures which include a focus on confidentiality, ethics and professional standards.
- Regular and consistent attendance. Ability to work shifts that span a 24-hour period (ie: day, swing, and graveyard shifts) including weekends and holidays. Must be able to work unscheduled and / or mandatory overtime as required.

### Knowledge

- No disqualifying criminal convictions – reference OAR 259-008-0290
- Valid Driver's License
- Education - High school graduate or equivalent
- Type 45 WPM
- Experience – 2 years customer service-related employment preferred
- Must be able to pass a medical examination within the acceptable limits established for Telecommunicators in conjunction with DPSST F-2T standards. Maintain current First Aid & CPR cards.

### Effort (Discretion)

Works under the general supervision of the 911 Supervisors and 911 Commander

### Working Conditions

While performing the duties of this job, the employee is regularly required to sit, talk and hear. The employee frequently is required to stand, walk, use hands to finger, handle or feel objects, tools or controls, reach with hands and arms, and lift and/or move up to 10 lbs.



# Hood River County

## APPLICATION FOR EMPLOYMENT



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. *Application must be completed in full even if attaching a resume.* It is acceptable to complete application with a computer or in blue pen.  
 Please return to: Human Resources, 601 State Street, Hood River OR 97031  
 Office: 541-387-6829 fax: 541-386-9392 email: cheryl.berger@co.hood-river.or.us

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

**PLEASE PRINT USING BALLPOINT PEN**

**Personal**

FULL NAME	FIRST	MIDDLE	LAST	E-mail
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
PHONE NUMBER	HOME PHONE	WORK PHONE	MESSAGE	
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP

Are you over the age of 18?  YES  NO

Are you legally authorized to work in the United States?  YES  NO

Have you ever worked for Hood River County before?  YES  NO

If yes, what department? \_\_\_\_\_ Approximate date: MO/YR \_\_\_\_\_

**Education and Certifications**

Type	Name of School	Location (City, State)	Area of Concentration	Mark Last Year Completed				Did you Graduate		Diploma, Degree or Certificate Received
				1	2	3	4	Y	N	
High School										
College										
Other Education										
Other Education										

SPECIAL SCHOOL OR TRAINING \_\_\_\_\_ TYPING WPM

Did you serve in the US Armed Services? Y \_\_\_ N  Branch of Service: \_\_\_\_\_

If you served in the military you may be eligible for preference in employment:

- \* Attach required documentation to your online application; or
- \* Email required documentation to Human Resources; or
- \* Mail required documentation to Human Resources at the address listed on the job announcement.

If yes, briefly describe duties and skills acquired in the service (Include dates):

Computer programs used:	Foreign Language:
	How Used: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>

Within your field are you currently: Registered  Licensed  Certified   
 Or eligible for: Registration  Licensure  Certification   
 If yes, type? \_\_\_\_\_ State  National  No. \_\_\_\_\_ Date Expires: \_\_\_/\_\_\_/\_\_\_ No Exp: \_\_\_\_\_

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available to work FULL-TIME (40 hours)       I am available to work PART-TIME. Date available to work: \_\_

AVAILABILITY

<b>Hours Available</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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EMPLOYMENT EXPERIENCE

<b>PRESENT AND FORMER EMPLOYERS</b>	<b>DATES EMPLOY</b>	<b>POSITION AND DUTIES</b>
NAME _____	FROM	
ADDRESS _____		
CITY _____ STATE _____ ZIP _____	TO	
SUPERVISOR'S NAME _____ PHONE _____		

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	
ADDRESS _____		
CITY _____ STATE _____ ZIP _____	TO	
SUPERVISOR'S NAME _____ PHONE _____		

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	
ADDRESS _____		
CITY _____ STATE _____ ZIP _____	TO	
SUPERVISOR'S NAME _____ PHONE _____		

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

NAME _____	FROM	
ADDRESS _____		
CITY _____ STATE _____ ZIP _____	TO	
SUPERVISOR'S NAME _____ PHONE _____		

MAY WE CONTACT?  YES  NO REASON FOR LEAVING: \_\_\_\_\_

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS AND EXPLAIN:

APPLICANT STATEMENT

I understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be and may be terminated by me or Hood River County at any time for any cause or no cause. I understand and agree that, except as provided above, all benefits, programs, rules and policies of Hood River County are subject to exceptions or change at any time as decided by Hood River County.

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false, misleading answer or statement will be sufficient grounds for immediate dismissal at any time. Hood River County is hereby authorized to contact my present and past employers and references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills and performance. I hereby release the County as well as those contacted by the County from any liability or damage which may result from furnishing the information requested. The County may make copies of this authorization available to those contacted.

This company is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state or local law. Please let us know if you need accommodations, I understand that the County requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the County's discretion. In accordance with the 1986 Immigration Reform Act, proof of eligibility to work in the United States is required upon employment

Applicant's signature is required to process application. Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Matthew T. English**  
Sheriff  
—  
**Brian Rockett**  
Undersheriff  
—  
**Jamie Hepner**  
Parole and Probation Commander



**Erica Stolhand**  
911 Commander  
—  
**Terry L. Bright**  
Chief Civil Deputy  
—  
**Katie Haskins**  
Executive Assistant

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### REFERENCE RELEASE

As part of the application process, it is necessary for the Hood River County Sheriff's Office to conduct a thorough background investigation. This background will be used to help determine my suitability and fitness for employment and predictability for my success in the job. The information gathered prior to my employment is considered confidential and will not be used to evaluate my performance after my date of hire or to evaluate my eligibility for promotion. I agree that documents and records of information gathered as part of the background investigation concerning me shall remain confidential. I waive any and all rights I may now or may hereafter have to acquire or review this information. I understand that Hood River County Sheriff's Office may promise confidentiality of background reference information to those from whom they seek this information, and I agree that I will not attempt to obtain such documentation or information. I understand that I make this agreement as a condition of further consideration for employment and agree that it should be binding upon me whether I am hired or whether my application for employment is rejected. I understand the authority for collection of information must be signed by me, giving Hood River County Sheriff's Office and/ or their agent permission to conduct a thorough background investigation. This voluntary release allows Hood River County Sheriff's Office and/or their agent to contact agencies for release of information and accurate documentation concerning my past personal history, past employment history, financial, medical and including a criminal history check.

### AGREEMENT

I certify that all answers and information submitted by me are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, educational, military, financial, medical, criminal histories and other related matters as maybe necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from liability in responding to inquires in connection with my application.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

**Notice: A photocopy or fax of this release may be accepted as an original.**

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Applicant Signature

Date

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Applicant Full Name (Please Print – Last – First – Middle)

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Other Names Used

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Residence Address (Street – City – State – Zip)

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Mailing Address (If Different)

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Date of Birth

Social Security Number

Driver License Number/State

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**HOOD RIVER COUNTY 911 COMMUNICATIONS DISTRICT  
DISPATCHER**

**ADDENDUM TO APPLICATION**

The effectiveness of Hood River County 9-1-1 Communications District hinges on the quality of the people we employ. Emergency communications work requires dedication and professionalism in those individuals who are employed in this career field. Mistakes in judgment or hiring could cause irreparable harm to the citizens of Hood River County and to the law enforcement, fire, and medical personnel we dispatch.

Experience has shown that many applicants for Dispatcher consider only the positive aspects of the job while ignoring some of its less attractive features. Early resignations, which result from lack of accurate job knowledge, contribute to a much higher than desirable attrition rate among Dispatchers.

There are many satisfying, rewarding aspects to the position; there is no question that Dispatchers make significant contributions to the welfare and safety of their fellow citizens. However, it is important that all applicants carefully consider both the negative and positive features of the work before deciding to test for the position.

Applicants are often unaware of some of the job features listed below. You must be willing to comply with all of the conditions listed below to be considered for the position. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the job.

Place a check on the appropriate line to indicate your response to each of the following statements.

ARE YOU WILLING TO COMPLY WITH THE FOLLOWING:

**WORKING ENVIRONMENT** -

**ARE YOU ABLE AND/OR WILLING TO:**

YES \_\_\_ NO \_\_\_

1. Sit for long periods of time.

YES \_\_\_ NO \_\_\_

2. Wear a headset with an earpiece that fits inside your ear or a headset that covers one or both ears.

YES \_\_\_ NO \_\_\_

3. Work in close quarters in a confined area in a room with varied fluorescent lighting & climate control.

YES \_\_\_ NO \_\_\_

4. Be unable to smoke in the dispatch center at any time.

YES \_\_\_ NO \_\_\_

5. Work closely with other dispatchers, law enforcement officers, fire and emergency medical personnel, and deal professionally with their various personalities and attitudes.

YES \_\_\_ NO \_\_\_

6. Accept that you will not be permitted to leave the dispatch area during your shift, except in an emergency or by special arrangement with the supervisor.

- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
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- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
- YES \_\_\_ NO \_\_\_
7. On occasion perform required work outside your job description.
8. Work in a disciplined environment and carry out orders even if you do not agree with them.
9. Take instructions and abide by the policies, procedures, rules, and regulations of this District.
10. Possibly give testimony in court.
11. Agree that the integrity of the information in the center is vital and any breach of confidentiality will result in immediate dismissal.
12. Control your emotions in difficult and stressful situations.
13. Maintain a professional level of performance regardless of your physical, mental, or emotional state.
14. Be under the critical eye of the public.
15. Be faced with periods of extended inactivity or periods of intense activity, depending on the call volume.
16. Work effectively in the high-stress environment of an emergency communications center.
17. Participate in training to learn and develop the techniques and skills required of a Dispatcher.
18. Be regularly reminded of errors and mistakes during training.
19. Work at a rapid pace over which you have little control.
20. Maintain intense concentration and attention to detail for extended periods of time.
21. Participate in regular evaluations of your job performance.
22. Cope with constant change in telecommunications equipment and technology.

**WORK SCHEDULE** -

**ARE YOU ABLE AND/OR WILLING TO:**

- YES \_\_\_ NO \_\_\_      23. Be on time for work with regular and consistent attendance.
- YES \_\_\_ NO \_\_\_      24. Be required to work shift-work which has been deemed advantageous to the Hood River County 911 Communications Center to include: days, swing, grave and on a rotation basis.
- YES \_\_\_ NO \_\_\_      25. Be required to work Saturday and/or Sunday depending on the assigned shift and must be willing to rotate days off if deemed advantageous to the Hood River County 911 Communications Center.
- YES \_\_\_ NO \_\_\_      26. Have to work Thanksgiving, Christmas, New Year's, and/or all holidays depending on the assigned shift.
- YES \_\_\_ NO \_\_\_      27. Work overtime, on short notice, and on regularly scheduled days off as deemed advantageous to the Hood River County 911 Communications Center.
- YES \_\_\_ NO \_\_\_      28. Be required to attend training and/or meetings in addition to your regular work schedule. Also attend a 2-3 week Telecommunicator Academy held near Salem, Oregon and reside on campus during the week days.
- YES \_\_\_ NO \_\_\_      29. Have limited input as to which days you work and which days you have off.
- YES \_\_\_ NO \_\_\_      30. During on-the-job training, have to work the same shift, days, and hours as your trainer.
- YES \_\_\_ NO \_\_\_      31. Possibly have to change shifts, days off, or cancel holiday plans with little notice.
- YES \_\_\_ NO \_\_\_      32. Understands that the scheduling requirements of the position take priority over controllable personal commitments.
- YES \_\_\_ NO \_\_\_      33. Forego normal breaks due to the activity going on in the center.
- YES \_\_\_ NO \_\_\_      34. Report to work in any weather conditions.

**CALL TYPES** -

**ARE YOU ABLE AND/OR WILLING TO:**

- YES \_\_\_ NO \_\_\_      35. Deal courteously with callers who scream at you.



YES \_\_\_ NO \_\_\_

36. Handle telephone calls during which the caller uses obscene language and verbally abuses you.

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Addendum to Application

YES \_\_\_ NO \_\_\_

37. Respond professionally to drunk, irrational, frightened, confused, irate, panicky, ill, or argumentative people.

YES \_\_\_ NO \_\_\_

38. Answer and respond to telephone calls involving violent crimes or medical emergencies in progress.

YES \_\_\_ NO \_\_\_

39. Answer and respond to telephone calls in which the caller is almost impossible to understand.

YES \_\_\_ NO \_\_\_

40. Have tolerance for people who may be different from you.

YES \_\_\_ NO \_\_\_

41. Be diplomatic and tactful when dealing with others.

YES \_\_\_ NO \_\_\_

42. Accept the responsibility of making a decision that could affect the lives of others, knowing that a mistake in judgment could cause irreparable harm.

YES \_\_\_ NO \_\_\_

43. Have to make quick decisions in which life, safety, and property are at stake.

YES \_\_\_ NO \_\_\_

44. Deal with a public that does not always understand or appreciate what you do.

YES \_\_\_ NO \_\_\_

45. During a medical emergency, remain on the telephone and provide the caller with medical instructions and information until the medical unit arrives.

YES \_\_\_ NO \_\_\_

46. During a police emergency, remain on the telephone and provide the caller with instructions and information until the police arrive.

YES \_\_\_ NO \_\_\_

47. Listen to a caller being attacked or otherwise victimized.

My signature below indicates that I have read and carefully considered each statement on the checklist and that my responses are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

