

Hood River County Volunteer Opportunity

Hood River County Sheriff's Office is seeking volunteers for the **Reserve Deputy** program. Applicants must be 21 years old, possess a valid driver's license, pass a drug screen and clear a criminal background check.

Applicants must complete a Hood River County's Sheriff's application. Return application to the County Human Resource office in the County Administration office at 601 State Street, Hood River OR, or submit via email to: hr@hoodrivercounty.gov. Hood River County is an Equal Opportunity Employer.

Applications will be accepted and will not be reviewed until sufficient applications have been received or an opening occurs in the reserve deputy program. Periodically, applications will be reviewed, and applicants will be contacted for the next step in the process such as a basic skill and physical agility test.

More information on this volunteer opportunity that may open doors to a career in law enforcement can be found by visiting the Hood River County Sheriff's Office website at www.hoodriversheriff.com.

Contact: Hood River County Human Resources, 601 State Street, Hood River OR 97031
Email: hr@hoodrivercounty.gov Phone: 541-387-6829



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

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

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 _____

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 ___ Read ___ Write ___

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: ___

Personal

Education and Certifications

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

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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EMPLOYMENT EXPERIENCE

PRESENT AND FORMER EMPLOYERS		DATES EMPLOY	POSITION AND DUTIES
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING: _____			
NAME _____		FROM	
ADDRESS _____			
CITY _____ STATE _____ ZIP _____		TO	
SUPERVISOR'S NAME _____ PHONE _____			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> 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

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.

Applicant Signature

Date

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

Other Names Used

Residence Address (Street – City – State – Zip)

Mailing Address (If Different)

Date of Birth

Social Security Number

Driver License Number/State
