

The City of Columbia City

In Columbia County on the Columbia River



July 23, 2018

Operations Sergeant - \$21.67-\$33.06 Hourly - The City of Columbia City is seeking an Operations Sergeant to provide overall leadership and management of the Columbia City Police Department. This is a part-time position, 20 hours per week with a pro rata benefits package, and part of the leadership team focusing on daily operations at the City. Examples of daily operations include: engaging in traffic enforcement duties, conducting basic and complex criminal investigations, handling routine calls for service, addressing complaints, conducting internal investigations and making disciplinary recommendations, code enforcement, providing administrative, evidence and records services for the department and public, providing mutual aid to surrounding police agencies, and providing uniformed patrol as a deterrent to criminal activity. Requires high school diploma or equivalent; preference given to an Associate's Degree in Criminal Justice or related field, Oregon DPSST certification as a police officer, and five (5) years progressively responsible leadership/management experience in the law enforcement field; or any equivalent combination of education and experience. Candidates must also have the ability to obtain a DPSST Supervisory Certificate within twenty four (24) months of appointment, and must possess a valid Oregon driver license and acceptable driving record. Visit www.columbia-city.org for a complete position description and application packet or send an email to colcity@columbia-city.org. A cover letter, resume, and application are mandatory and must be submitted to the City of Columbia City, PO Box 189, 1840 Second Street, Columbia City, Oregon 97018 by 5:00 pm on August 20, 2018. For information call 503-397-4010.

PO Box 189 ♦ 1840 Second Street ♦ Columbia City, Oregon 97018
Phone 503-397-4010 ♦ Fax 503-366-2870
E-mail colcity@columbia-city.org ♦ Web site www.columbia-city.org

CITY OF COLUMBIA CITY

PO Box 189, 1840 Second Street, Columbia City OR 97018

503-397-4010 www.columbia-city.org colcity@columbia-city.org

Application for Employment

The City of Columbia City provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. Our Equal Employment Opportunity policy applies to all aspects of the employment relationship including, but not limited to, recruitment, hiring, compensation, promotion, demotion, transfer, disciplinary action, layoff, recall, and termination of employment. To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

THIS APPLICATION WILL BE CONSIDERED FOR THIS SPECIFIC JOB. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION. IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE PRINT OR TYPE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position				
Position Applying For		Available Start Date	Desired Pay	
Personal Information				
Name				
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of identity will be required upon employment)				
Education	List any colleges, military, trade, business or other schools attended.			
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?
Certificates & Licenses		List any professional license, registration, or certificate required or preferred for the position.		
Type	Issuing Agency	Date Issued	Date Expires	

References

Name	Title	Company	Phone

Employment History

This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. List **ONLY** the job(s) (paid, military or volunteer) where you obtained the experience that qualifies you for the job. Clearly describe all of your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.

Employer (1)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			
Employer (2)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Employer (3)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Employer (4)	Job Title	Dates Employed	
Address	City	State	Zip
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving			
Duties			

Certification & Signature

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered in the course of any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment application.
- I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.

Signature: _____ Date: _____

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD-214 or 215, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____

Date: _____

Position Applied For: _____

This form and supporting documentation must be received by the City of Columbia City no later than the closing time and date of the job posting. If you have any specific questions please contact City Hall.

503-397-4010 or [email colcity@columbia-city.com](mailto:colcity@columbia-city.com)

City of Columbia City

Applicant Voluntary Self Identification Form

Applicant Name: _____

Date of Application: _____

Position(s) for which you are applying: _____

The City of Columbia City is dedicated to a policy of equal opportunity in employment. In order to comply with regulations for equal employment opportunity (EEO) reporting, we are asked to track our applicants by gender, race/ethnicity, and the position applied for. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential and will be used only for necessary information to include in reporting requirements to the government. When reported, data will not identify any specific individuals. Your participation is appreciated; thank-you.

Ethnicity *(Please check one)*

- American-Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, Japan and Korea.
- Black or African-American: All persons having origins in any of the black ethnic groups.
- Hispanic or Latino: All persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures, regardless of race.
- Native-Hawaiian or Other Pacific Islander: All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Hawaii, the Philippine Islands and Samoa.
- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or More Races: All persons claiming origins in more than one of the above racial/ethnic categories.
- Decline to answer.

Gender

- Male
- Female
- Decline to Answer