

# Hood River County

## *Employment Opportunity*

### **JOB POSTING**

#### **Hood River County Human Resources**

##### **Administration Office**

**601 State Street, Hood River, OR. 97031**

**Phone: (541) 386-3970 Fax: (541) 386-9392**

**An Equal Opportunity Employer**

---

August 2021

Hood River County Prevention

**JOB TITLE: ALCOHOL AND OTHER DRUG PREVENTION AND EDUCATION SPECIALIST**

#### **POSITION:**

Among several duties, this exciting opportunity would be responsible for implementing Alcohol and Other Drug Prevention Plans in Hood River County. The selected candidate will collaborate with the Oregon Health Authority and Health Promotion and Chronic Disease Prevention Division (HPCDP) to meet all federal and state grant requirements. You will be attending trainings and meetings, and, within two years, will need to obtain Certified Prevention Specialist (CPS) certification through Mental Health & Addiction Certification Board of Oregon (MHACBO). Due to funding parameters all positions within the department are cross-trained.

#### **IDEAL CANDIDATE:**

You will have experience and enjoy working with diverse populations to include youth (5<sup>th</sup> through 12<sup>th</sup> grades), health media clubs and the delivery of healthy lifestyle education during and after school. You would have a demonstrated capability to engage in public speaking. Bilingual/bicultural is preferred. Practical experience listening in an unbiased manner and respecting points of views of others. A BA in Social Service, Public Health or related field from an accredited institution would be preferred, however a combination of experience and education will be reviewed by leadership. Additionally, it is desired that you will have experience implementing best practice alcohol and other drug prevention strategies. Even if you don't meet every skill listed above, if this sounds like you, please apply and give us an opportunity to review your credentials.

**SALARY RANGE:** \$17.88 to \$23.90 per hour, depending on experience. Bilingual differential pay available upon assessment. Hood River County pays 100% of employee's retirement contributions, offers sick leave, vacation and medical, dental, vision health plans. Hood River County also observes up to 10 holiday days annually along with allowing for 2 additional personal holidays.

**APPLICATION:** If are interested in this dynamic opportunity apply to come work with Hood River County. Applicants must complete a Hood River County application attached to this announcement. Job packet may be requested from Hood River County Administration, 601 State Street, Hood River, OR 97031 or Fax #541-386-9392. Completed documents may be emailed to: [cheryl.berger@co.hood-river.or.us](mailto:cheryl.berger@co.hood-river.or.us). Or returned via mail to the Administration address above. Application deadline September 8, 2021.



## HOOD RIVER COUNTY

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

FLSA Status: Hourly
Union: NA
Work Comp Code:
EEOC:
Job Group:
Salary Range: \$17.50 - \$23.43 Per hour

JOB TITLE	Prevention and Education Specialist
REPORTS TO	Hood River County Prevention Director

### Job Summary

Implements substance use prevention plans in Hood River County by coordinating and facilitating citizen-based coalitions prevention activities, policies, practices and procedures per grant requirements. Engage with policy makers and appropriate organizations throughout the County. Does related work as required. This position exists based on available ongoing grant funding.

### Responsibilities and Essential Functions

- Collaborate with the Oregon Health Authority to meet all federal and state grant requirements.
- Describes, interprets and promotes substance use prevention to community groups and agencies
- Facilitate substance use policy adoption and implementation in public and private schools, community college, housing units, and local governments as directed
- Co-facilitate Health Media Clubs. Integrate substance use prevention into middle, high and college groups through facilitation of best practice programs and presentations following the Strategic Prevention Framework
- Coordinate youth directed prevention media campaign following ATOD Prevention Strategic Plan or other Policy Change Model.
- Responsible for planning, implementation, evaluation and coordination of local prevention coalition services and activities
- Obtain Certified Prevention Specialist (CPS) certification through MHACBO within two years

### Skills

- Ability to integrate substance use prevention plans into parent education curriculum.
- Communicate effectively orally and written for professional and lay audiences using Plain Language.
- Ability to respond with flexibility to changing needs, balance multiple tasks, practice effective time management, manage meetings and be a team player.
- Ability to compile and develop state and federal reports and develop community presentations
- Ability to listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives.
- Ability to effectively present information and respond to questions from groups, individuals and the general public

### Knowledge, Education and Certifications

- Proficiency in Microsoft Office programs including Word, Excel, and Publisher and Outlook.
- Valid Motor Vehicle Operator license.
- Bachelor's degree from an accredited institution in Social Service, public health or a related field, and experience working with various community groups, students and social agencies implementing best practices substance abuse prevention strategies; or any satisfactory combination of experience and training.
- Experience working with diverse populations and public speaking.
- Experience facilitating middle and high school youth groups.
- Bilingual and bicultural preferred.

### Effort (Discretion)

Works under general direction of the Hood River County Prevention Director.

### Working Conditions

While performing the duties of this job, the employee is regularly required to sit and talk or hear. The employee frequently is required to stand, walk, use hands to finger, handle or feel objects, tools or controls, and reach with hands and arms. Employee will also meet with community members in a variety of locations throughout the county. Regular work hours may vary to meet grant work plan requirements including evening and weekend hours as directed by the supervisor.

# Application for Employment

# HOOD RIVER COUNTY

601 State Street  
Hood River, OR 97031  
Fax-541-386-9392

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: \_\_\_\_\_

Date of application \_\_\_\_\_

Referral Source    ☐ Advertisement    ☐ Employee    ☐ Government Employment Agency  
☐ Walk-in    ☐ Relative    ☐ Private Employment Agency  
☐ HR County Web Site    ☐ Other (Name of source if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone #(\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

If necessary. Best time to call you at home is \_\_\_\_\_:\_\_\_\_ AM  
PM

May we contact you at work? \_\_\_\_\_ ☐ Yes ☐ No

If yes, work number and best time to call \_\_\_\_\_(\_\_\_\_) \_\_\_\_\_:\_\_\_\_ AM  
PM

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_ ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ ☐ Yes ☐ No

If yes, please give dates \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ ☐ Yes ☐ No

If yes, give dates \_\_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ ☐ Yes ☐ No

Date available for work? \_\_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired    ☐ Full-Time    ☐ Part-Time    ☐ Temporary    ☐ Seasonal    ☐ Educational Co-op

Will you relocate if job requires it?..... ☐ Yes ☐ No    Will you travel if job requires it?..... ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position?..... ☐ Yes ☐ No

Will you work overtime if required?..... ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

☐ ☐

# Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

#1 EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
#2 EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
#3 EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
#4 EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications** –Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Educational Background IF JOB RELATED

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

## References

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	(     )	
	(     )	
	(     )	

## Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.


List any additional information you would like us to consider.


---

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_