

Job Announcement

Mid-Columbia Council of Governments Advisor/Instructor Position For Hood River or The Dalles office

Candidate provides case mgmt. w/emphasis on youth. Duties include: classroom instruction, curriculum development, assessment of job skills, & training development. Requires: background in counseling, instructional & guidance techniques/methods; teaching & motivational techniques; classroom management; record keeping methods & practices. Community services/resources knowledge preferred. Bachelors in counseling, education, or related field, w/min. (1) yr. exp.; or HS grad w/min. (5) yrs exp.; or satisfactory combination experience & training, as determined. Bilingual, (Spanish/English) applicants encouraged. Valid OR teaching certificate preferred. Full-time: \$2,895/mo., + benefits.

All interested candidates must submit a completed application form along with a cover letter and resume' in a sealed envelope to:

**Advisor/Instructor Position
Attn: Tine Meriwether, Executive Assistant
Mid-Columbia Council of Governments
1113 Kelly Avenue
The Dalles, OR 97058**

Application Deadline: 5:00 p.m., Monday, November 15, 2010.

Equal Opportunity Employer

MID-COLUMBIA COUNCIL OF GOVERNMENTS

Application for Employment

1113 Kelly Avenue
The Dalles, OR 97058
(541) 298-4101
(541) 298-2084 Fax

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.)

Position Applied For _____ Date of Application _____

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST	MIDDLE	LAST		
MAILING ADDRESS	STREET/P.O. BOX	CITY	STATE	ZIP	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG
PHONE & E-MAIL	HOME PHONE	WORK PHONE	MESSAGE PHONE	E-MAIL ADDRESS	
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG

PERSONAL

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

Have you ever worked for Mid-Columbia Council of Governments before? YES NO

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

Date available to start work _____

Have you ever tested positive, or refused a test within the past 2 years on any DOT pre-employment drug or alcohol test administered by a DOT-covered employer? YES NO

Have you ever been convicted of any criminal offense? YES NO

A "Yes" answer will not automatically disqualify you from employment. We will consider the nature and date of offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

EDUCATION / QUALIFICATIONS

If the position involves driving, do you have a valid license? YES NO

DRIVER'S LICENSE NO.	STATE	TYPE/CLASS	EXPIRATION DATE

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF CONCENTRATION (MAJOR)	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, DEGREE OF CERTIFICATE RECEIVED
				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL									
COLLEGE									
OTHER EDUCATION									
OTHER EDUCATION									
SPECIAL SCHOOLING OR TRAINING/APPRENTICESHIP								TYPING: WPM	
DID YOU SERVE IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO				BRANCH OF SERVICE:				HONORABLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED IN THE SERVICE: (INCLUDE DATES)									
COMPUTER PROGRAMS USED:		FOREIGN LANGUAGE		HOW USED <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE					
COMPUTER PROFICIENCY: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH		FOREIGN LANGUAGE		HOW USED <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE					
Certificates & Licenses:	Type: _____ License Number: _____		Type: _____ License Number: _____						
	Date Issued: (mo/yr) _____ Expiration date: (mo/yr) _____		Date Issued: (mo/yr) _____ Expiration date: (mo/yr) _____						
	Issuing Agency: _____		Issuing Agency: _____						

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available to work Full-Time (37.5 Hours). I am available to work Part-Time (30 Hours or Less).

AVAILABILITY

HOURS AVAILABLE	Monday : - :	Tuesday : - :	Wednesday : - :	Thursday : - :	Friday : - :	Saturday : - :	Sunday : - :
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EMPLOYMENT EXPERIENCE

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

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 Mid-Columbia Council of Governments (MCCOG). 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 MCCOG.

I authorize representatives of MCCOG 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 and agree that, if hired, my employment relationship with MCCOG will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of MCCOG and will not be returned. I understand that I must notify the Executive Assistant of MCCOG of any changes in my name, address, or phone number.

APPLICANT STATEMENT

I have read and understand the above information. Signature _____ Date _____

(NOTE: Applications and/or resumes cannot be returned. MCCOG cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered).



EQUAL OPPORTUNITY QUESTIONNAIRE

As a recipient of funds under Section 188 of the Workforce Investment Act (WIA) of 1998, Mid-Columbia Council of Governments (MCCOG), is required to collect data on participants, including employees and applicants for employment as required by 29 CFR § 37.37 to 37.41. This information will be stored in a manner that ensures confidentiality and will be used only for the purpose of complying with the record keeping and reporting requirements of the U.S. Department of Labor.

In order for us to comply with the proper administration of the WIA program, the following information is requested.

Please note that filling out this form is strictly voluntary on your part. Thank you.

Full Name: _____ Position Applied For: _____

Gender: Male Female Date of Birth: _____ Age: _____

Race: HISPANIC or LATINO BLACK or AFRICAN AMERICAN
 ASIAN NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
 WHITE AMERICAN INDIAN or ALASKA NATIVE
 TWO OR MORE RACES (Not Hispanic or Latino) OTHER

Disability Status: _____

Date: _____ Signature _____

CONFIDENTIAL

(Revised 10-27-10)

BENEFITS PACKAGE

MID-COLUMBIA COUNCIL OF GOVERNMENTS

Full-Time Employees - Employees working over 30 hours per week.

Salary Range - Salary Range appears on the job descriptions which are available from the Executive Assistant. The six step advancement plan allows for a step increase upon successful completion of the trial service period. Five additional steps are available over the next five years based on performance appraisal.

Longevity - Pay increases • 10 years = 2.5% • 15 years + 2.5% = 5% • 20 years + 5% = 10%

Group Health/Other Benefits – MCCOG will provide a major medical and dental insurance plan for all active regular full-time employees, at 100% of the premium cost up to the budgeted cap amount. Once the monthly fee for insurance exceeds the monthly cap, the employee will be responsible for making up the difference. MCCOG will also continue paying 100% of the cap amount for up to six (6) months while a regular full-time employee is receiving time loss payments under Workers' Compensation; or while on approved paid sick, vacation or personal leave. Spousal and/or dependent coverage can be provided on a self-pay basis. That means, MCCOG pays none (0%) of the dependent premium cost.

Travel - When traveling on behalf of the agency, expenses will be reimbursed with mileage at the State of Oregon rate; and lodging; and meals as per the MCCOG Personnel Manual on page 30.

Vacation - Maximum 187.5 hours (25 days).

Rate of Accumulation

- 1-3 Years of Service: 7.5 hours per month + 7.5 hours on Anniversary Date = 97.5 hours (13 work days per year).
- 4-15 Years of Service: 11.25 hours per month + 15 hours on Anniversary Date = 150 hours (20 work days per year).
- 16 + Years of Service: 15 hours per month + 15 hours on Anniversary Date = 195 hours (26 work days per year). (Note: 187.5 is the maximum number of accrued vacation hours.)

Buy-Back

- At the employee's request, vacation time may be bought back. As in the following example: If 3 weeks vacation has been accrued, the employee may opt to take 1 week off with paid vacation leave and receive the other 2 weeks vacation accrued in monetary "buy-back", subject to normal payroll taxes. The maximum number of hours for buy-back is 125 hours (equals one-third of the maximum vacation accrual hours.) The buy-back process can be used only once during the calendar year.

Sick Leave - Maximum 675 hours (90 work days).

Rate of Accumulation - 7.5 Hours per Month + 7.5 hours on Anniversary Date = 97.5 Hours (13 work days per year).

Personal/Compassionate Leave - Maximum 45 hours per year.

Rate of Accumulation - 3.75 Hours per month, used for funeral and inclement weather closures.

Paid Holidays - 10 Days + 1 Floating Holiday = (11 days).

New Year's Day <i>January 1st</i>	MLK Day <i>3rd Monday in January</i>	President's Day <i>3rd Monday in February</i>	Memorial Day <i>Last Monday in May</i>
Independence Day <i>July 4th</i>	Labor Day <i>1st Monday in September</i>	Veteran's Day <i>November 11th</i>	Thanksgiving <i>4th Thursday in November</i>
Day after Thanksgiving <i>Friday after Thanksgiving</i>	Christmas <i>December 25th</i>	Floating Holiday <i>One per Calendar Year</i>	

Retirement Plans - The agency has implemented a combination 401(a) Money Purchase Plan and 457 Deferred Compensation Plan which is administered by ICMA Retirement Corporation. The 401 (a) is mandatory for all regular full-time employees, with the employee contributing six percent (6%) of their monthly earnings, and MCCOG matching six percent (6%) for a total contribution of twelve (12%). These contributions are tax-exempt. The 457 Deferred Compensation Plan is voluntary for the employee with no employer participation in this program. The employee may change his/her percentage or discontinue the tax-exempt deductions at any time.

Work Hours - Monday thru Friday 8:30 a.m. - 5:00 p.m. (7.5 hours) with a one hour lunch.