

# 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 NUMBER	HOME PHONE	WORK PHONE	MESSAGE		
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG

**PERSONAL**

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 Mid-Columbia Council of Governments before?       YES       NO

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

Date available to 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 or pled no contest to any criminal offense?       YES       NO

If yes, describe in full, including the date, city, state and disposition of the conviction. (Inclusion of this information will not automatically disqualify an applicant from employment consideration.)

**EDUCATION / QUALIFICATIONS**

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		
HIGH SCHOOL								<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION								<input type="checkbox"/> YES <input type="checkbox"/> NO	
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					
WITHIN YOUR FIELD, ARE YOU CURRENTLY:		<input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED							
OR ELIGIBLE FOR:		<input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION							
IF YES, TYPE?		STATE OR NATIONAL		NO.			DATE EXPIRES		

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available to work Full-Time (40 Hours).  I am available to work Part-Time.

**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			TO	ENDING	
CITY	STATE	ZIP			
SUPERVISOR'S NAME		PHONE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING:					
NAME			FROM	STARTING	
ADDRESS			TO	ENDING	
CITY	STATE	ZIP			
SUPERVISOR'S NAME		PHONE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING:					
NAME			FROM	STARTING	
ADDRESS			TO	ENDING	
CITY	STATE	ZIP			
SUPERVISOR'S NAME		PHONE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR LEAVING:					
NAME			FROM	STARTING	
ADDRESS			TO	ENDING	
CITY	STATE	ZIP			
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 understand and agree, unless otherwise covered by a collective bargaining agreement, that my employment will be at will and may be terminated by Mid-Columbia Council of Governments (MCCOG) or me 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 MCCOG are subject to exceptions or change at any time as decided by MCCOG.

**APPLICANT STATEMENT**

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. MCCOG 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 MCCOG as well as those contacted by MCCOG from any liability or damage which may result from furnishing the information requested. MCCOG may make copies of this authorization available to those contacted.

This agency 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 MCCOG 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 MCCOG's discretion. In accordance with the 1986 Immigration and 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 \_\_\_\_\_**

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:  ASIAN  WHITE  INDIAN  
 BLACK  HISPANIC  OTHER

Disability  
Status: \_\_\_\_\_

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

# CONFIDENTIAL

(Revised 08-27-09)

**MID-COLUMBIA COUNCIL OF GOVERNMENTS  
TRANSPORTATION NETWORK  
OMAP INTAKE SPECIALIST**

**JOB DESCRIPTION**

**GENERAL STATEMENT OF DUTIES:** Performs computer data entry, client interviews, and provides clerical assistance to Director and staff to assist in the OMAP (Oregon Medical Assistance Program) Call Center operated by MCCOG Transportation Network.

**SUPERVISION RECEIVED:** Works under the direct supervision of the Transportation Operations Manager and the Transportation Director.

**SUPERVISION EXERCISED:** Supervision is not normally a requirement of this position.

**EXAMPLES OF PRINCIPAL DUTIES:** (Any single position of a class will not usually involve all of the duties listed and many positions will involve duties not listed.)

1. Conducts eligibility interview/determination
  - Fields incoming phone calls
  - Takes messages and routes calls for other programs
  - Interviews OMAP/OHP clients to obtain sufficient information to take ride request
  - Assesses eligibility according to program regulations
  - Determines if ride requests meets program regulations
  - Documents criteria for file set-up
  - Compiles accurate, complete documentation within program guidelines
2. Schedules ride requests
  - Assigns ride requests and transfers the information to the appropriate transportation provider following program guidelines
  - Documents those rides that providers are unable to provide and assists with arrangements for alternative service delivery
3. Maintains records and reports within areas of responsibility
  - Processes incoming and outgoing mail
  - Prepares denial letters to case managers and clients
  - Prepares and maintains records for quality control
  - Conduct verification that the Call Center paid for appropriate rides
  - Inputs ride information and invoices relating to completed rides
  - Reviews and prints pertinent information for program files
  - Completes and maintains weekly and monthly reports as needed
  - Maintains Call Center manuals, forms and guidelines for program compliance

4. Provides Operations Manager and Director with full scope of clerical support
  - Assists with agendas, minutes, mailings, etc. for the Advisory Group
  - Coordinates meeting dates and room reservations if needed for the Advisory Group
5. Performs related duties as assigned.

**PHYSICAL DEMANDS:** While performing the duties of this job, the employee is frequently required to sit, talk, see, and hear. The employee is occasionally required to stand, walk, use hands to finger, handle, or feel objects, tools, standard keyboards of office equipment or controls, and reach with hands and arms. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 35 pounds. Specific vision abilities required by this job include close vision, night vision, and the ability to focus from near to far or far to near objects. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**THE WORK ENVIRONMENT:** Occasional meetings will be required. Out of town travel or overnight lodging may be required on occasion. The noise level in the work environment is usually moderate and subject to electronic influences. Work will take place within an office environment and/or various community meeting rooms. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**DESIRABLE QUALIFICATIONS:**

Knowledge of: Considerable knowledge of typing, computers, data entry, word processing and spreadsheets. Knowledge of modern office practices and procedures; phone etiquette; record keeping and reporting procedures; business English; spelling and punctuation; arithmetic; filing systems. Ability to: Learn and follow regulations and guidelines pertaining to the program; communicate effectively orally and in writing; deal tactfully with the public; establish and maintain effective working relationships with superiors and peers; prioritize workload and work effectively and independently to learn new procedures quickly; provide a supportive, non-judgmental environment for clients requesting rides; maintain accurate records; meet established deadlines; read, comprehend and follow complex instructions; type and operate office machines at acceptable levels of accuracy and speed; communicate and work effectively in stressful situations; create a positive, non-judgmental, and motivational atmosphere for co-workers. Skills: Use of office machines to accomplish tasks; interviewing and interpersonal communication; public relations.

**EXPERIENCE AND TRAINING:** High school graduate or equivalency with computer data entry and word processing ability; two years experience working directly with the public in an office setting; or any satisfactory equivalent experience and training as determined by the hiring authority.

**FAIR LABOR STANDARDS CLASSIFICATION:** The FLSA of 1938, as amended, covers overtime pay requirements, among other issues. This classification relates to eligibility for overtime payments.

This is a non-exempt position.

# BENEFITS PACKAGE

## MID-COLUMBIA COUNCIL OF GOVERNMENTS

**Full-Time Employees** - Employees working over 32 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** - Employer paid on behalf of the employee up to a \$500.00 cap: Medical, Dental and Vision currently covered by Regence Blue Cross/Blue Shield. Employer paid coverage for employee only Life, Accidental Death and Dismemberment and Long-Term Disability, currently through Standard Insurance. These benefits (if offered) for spouse, dependents, or other legally approved parties are at employee's expense (\$433.50 for the first dependent and \$867.00 for two or more dependents thereafter). The premiums for this coverage are paid one month in advance. The new employee, whose coverage begins the 1<sup>st</sup> of the month following date of hire (unless he/she starts on the 1<sup>st</sup> of the month), will pay double dependent premiums (if applicable) in the first month. The deductibles are \$100 for self and \$300 for family per year with a \$500 maximum paid out-of-pocket (when seeing a physician in the preferred provider network), with 100% coverage thereafter (see Plan V-A PPP effective 08/01/07 form). Also offered is Flexible Spending Accounts (pre-tax healthcare/childcare) to each employee at their expense.

**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 1<sup>st</sup></i>	MLK Day <i>3<sup>rd</sup> Monday in January</i>	President's Day <i>3<sup>rd</sup> Monday in February</i>	Memorial Day <i>Last Monday in May</i>
Independence Day <i>July 4<sup>th</sup></i>	Labor Day <i>1<sup>st</sup> Monday in September</i>	Veteran's Day <i>November 11<sup>th</sup></i>	Thanksgiving <i>4<sup>th</sup> Thursday in November</i>
Day after Thanksgiving <i>Friday after Thanksgiving</i>	Christmas <i>December 25<sup>th</sup></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.

Revised August 14, 2007 – subject to change at any time