

CLATSOP COUNTY

Invites Applications

CASE AIDE – RESTITUTION SPECIALIST

Range: \$21.37 – \$25.97 Hourly

Part-time (20 Hours/Week) – Pro-rated benefits

OPEN UNTIL FILLED First review: November 15, 2016

Applications are invited for a part-time position of Case Aide/Restitution Specialist with the Clatsop County Sheriff's Office, Parole & Probation Division. The Case Aide/Restitution Specialist performs a variety of case management services by connecting offenders with needed and necessary services; gather, review and report to Probation Officers, or appropriate staff, a variety of information pertaining to offenders and their supervision. Perform program services and other duties for offenders as assigned by the Lieutenant and supervising officers. Coordinates with Parole & Probation Division Staff and outside agencies to monitor an offender's progress through referred programs. Employees are expected to demonstrate a high level of commitment, professionalism and responsibility. This position requires some flexible hours during the day and week and may be required to work on weekends, depending upon the needs of the office.

MANDATORY QUALIFICATIONS:

Requires a high school diploma or equivalent and two years post-secondary education or two years of experience in corrections, criminal justice, social work, or a related field or any equivalent combination of experience, education and/or training relevant to the position.

SPECIAL REQUIREMENTS

- Must be at least 21 years of age.
- Valid Oregon State driver's license and an acceptable driving history. Clatsop County will obtain a copy of the driving record for selected applicants from the Department of Motor Vehicles.
- Selected applicants will be required to pass the Standard POST test.
- It is Clatsop County Sheriff's Office policy that a criminal history background check be conducted on all new employees.
- The finalist for this recruitment will be required to pass a drug screen.

APPLICATION PROCEDURE: Submit 1) Completed and signed Clatsop County *Application for Employment*, 2) Completed, signed, and notarized *Pre-Employment Agreement & Authorization to Release Information*, and 3) Completed and signed *Supplemental Application for Background Check* to Clatsop County Human Resources, 800 Exchange Street, Suite 410, Astoria, Oregon 97103 or by FAX to (503) 325-8325, or email to hr@co.clatsop.or.us **This position is OPEN UNTIL FILLED.** First review: November 15, 2016.

Your application must clearly show your qualifications for the position to receive further consideration. Incomplete and/or unsigned applications may result in disqualification. A resume may not substitute for an application (but it is desirable that you attach one to your application as a supplement). Successful applicants will be required to pass a pre-employment drug screen and show proof of eligibility to work in the United States. During any phase of the hiring process, applicants with disabilities should inform the County Manager's Office if reasonable accommodations are needed to demonstrate their qualifications to perform the duties of the job.

This announcement is generally descriptive of the duties and qualifications for the job. It is not to be construed as an expressed or implied contract. Clatsop County is an Affirmative Action/Equal Opportunity Employer.

**PRE-EMPLOYMENT AGREEMENT AND AUTHORIZATION
TO RELEASE INFORMATION**

I understand and agree to the following terms:

As part of my application for employment with Clatsop County for the position of Case Aide/Restitution Specialist, I hereby authorize Clatsop County to conduct an investigation of my background, including but not limited to, character, criminal and arrest/conviction history, past employment (including job performance and on-the-job behavior), education and satisfactory completion of a physical examination (if required for position).

I understand that this document, signed by me, authorizes Clatsop County to gather information through interviews, questionnaires, employment records, education records, criminal records and any other records necessary to determine job related qualifications for the position of Case Aide/Restitution Specialist with Clatsop County.

The recipient of a photocopy of this signed document is hereby authorized to divulge information concerning my character, criminal history, education, employment records, job performance; job behavior, or medical records which may include information specific to drug and/or alcohol and/or psychiatric treatment and to allow the Clatsop County Human Resources Director or a delegated representative to examine such records.

In consideration of the release of information to Clatsop County by any third party in receipt of this authorization, I do hereby release said third party, its office, employees, agents and assignees from any and all claims for damages of any nature which I might have as a result of the release of information by the third party to Clatsop County. To the extent that I have previously directed said third party not to release certain information, I do now hereby withdraw that directive and consent without restriction to any release of information requested by Clatsop County.

I hereby release you, your organization, and others from any liability or damage which may arise from furnishing information requested. I understand and agree that any information released to Clatsop County is done so in strictest confidence.

Signature: _____

Date: _____

Printed Name: _____

Subscribed and sworn to before me on ____ day of _____, 20 ____.

Notary Public for the State of Oregon
My Commission Expires: _____

(Please complete the attached supplemental application)

**CLATSOP COUNTY
SUPPLEMENTAL APPLICATION
FOR BACKGROUND CHECK**

1. Are you at least 21 years of age? Yes _____ No _____
2. Are you legally eligible to work in the United States? Yes _____ No _____
1. Your Social Security Number: _____
2. Do you have a current driver's license? Yes _____ No _____
5. Driver License Number and State: _____
6. Please list all criminal convictions within the last seven (7) years.

<u>Date</u>	<u>Charge</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and complete.

Signature _____ Date: _____

Printed name: _____