



The Department of Health & Social Services invites applications for the position of:

## On-Call Registered Nurse 1:1

**The primary function of the position is:** Provide comprehensive health services to the students and school communities served by the Multnomah Education Service District.

**Required Application Materials:**  
*(Incomplete applications will not be processed)*

- MESD Employment Application
- Application Addendum
- Criminal History Check Form

**Starting Date:** As Soon As Possible

**Application Deadline:** Open Until Filled

**Work Year:** Varies

**Assignment Location:** Multnomah & Clackamas County Schools

**Salary Range:** Depends on Experience

Required employment packets can be obtained as follows (application materials will not be faxed):

- ◆ Via web: [www.mesd.k12.or.us](http://www.mesd.k12.or.us)
- ◆ In person: Monday-Friday, between 8:00 am - 5:00 pm in the Lobby of the MESD Administrative Building, 11611 NE Ainsworth Circle, Portland, OR 97220
- ◆ By mail: send a self addressed, stamped (two 1<sup>st</sup> class stamps) legal size envelope indicating position of interest to the address listed above

**Send or deliver to:** Receptionist, Multnomah ESD  
P.O. Box 301039  
Portland, OR 97294-9039

## APPLICATION PROCESS GUIDE

**We appreciate your interest in the Multnomah Education Service District. Below is a guide to help you understand our application process and assist you in the successful completion of your application.**

**GENERAL INFORMATION:** Read the job announcement carefully. Announcements contain special instructions and requirements. It is your responsibility to complete all parts of the application. Applications are valid for the **posted vacancies** only. Complete a separate application for each posted vacancy for which you wish consideration. Resumes may be attached for additional information, but may not be used to substitute completion of the application. The job title on your application should match the job title as it appears on the posted vacancy. **Applications that are incomplete, do not include the required materials listed on the front of the job announcement or are not signed by applicants, will not be considered.** *All application materials become the property of the Multnomah Education Service District and will not be returned to the applicant.*

**AFFIRMATION ACTION:** The Multnomah Education Service District is an equal opportunity employer. MESD employs men and women in both traditional and non-traditional jobs and is committed to ensure there is no discrimination against any person based on race, color, sex, religion, national origin, physical or mental disability, marital status, age or sexual orientation, except in positions where a bonafide occupational qualification exists. Accommodations due to a disability will be reviewed upon request. In accordance with Federal guidelines for Equal Employment Opportunity, our District is required to keep records, which include identification of job applicants by race, age and sex status. A separate sheet is provided with your application materials. Furnishing this information is optional (see directions on sheet for further information).

**POSTED VACANCIES:** To check for current openings, visit us at [www.mesd.k12.or.us](http://www.mesd.k12.or.us). Jobs are listed with the State Employment Division and most advertisements appear in the Sunday edition of the Oregonian.

**THE APPLICATION PROCESS:** Applications are due by 5 p.m. on the closing day. If additional information is needed, contact the Receptionist at 503-255-1841 between M-F, 8:00 am - 5:00 pm. You will receive a postcard when the Recruitment Office has received your completed application. Applications will not be faxed to applicants.

**INTERVIEW AND SELECTION PROCESS:** Evaluation of applications will be completed as soon after the closing date as possible. Due to the large number of applications for most positions, it may not be possible to interview every applicant. If you are selected for interview you will be notified by telephone within 10 working days after the application deadline. If you are interviewed and selected to fill the vacancy, you will be contacted by telephone. If you are interviewed and not selected, you will receive written notification when the position has been filled.

**FINAL CANDIDATES:** Under the Immigration Reform & Control Act of 1986, you will need to present verification of your identity and right to work in the USA on your first day of employment. Also, if you are accepting a position where you will be in contact with children, you will be finger printed for clearance through the Oregon State Police and by the Federal Bureau of Investigation. The cost to you for MESD to process your finger print cards is \$65.00. Costs for finger printing vary depending on where finger printing is done. If you are accepting a position where you will not be in contact with children, a criminal record check on you will be completed through the Department of Education. The cost to you will be \$8.00.

**JOB TITLE:** REGISTERED NURSE 1:1 DIRECT STUDENT CARE – ON CALL  
DEPARTMENT OF SPECIAL EDUCATION

**REPORTS TO:** Supervisor, Department of Special Education

**POSITION PURPOSE:**

Provide comprehensive health services to the students and school communities served by the Multnomah Education Service District, observing regulations of nursing practice, department, agency, and school district policy.

**NATURE & SCOPE:**

This position is subject to Board policies, administrative rules and procedures, department regulations and applicable State and Federal statutes. This position carries no administrative authority or responsibility.

**ESSENTIAL JOB FUNCTIONS:**

1. To perform nursing assessment on students referred for acute and chronic health concerns using nursing process.
2. To identify deviate health findings, plan and initiate appropriate nursing intervention.
3. To initiate student referrals to parents, school personnel, community health resources or other appropriate agencies.
4. To maintain evaluate and interpret cumulative health data on each student using appropriate form.
5. To assist in control of communicable disease by screenings, health education of school personnel, students and parents in preventive or remedial measures.
6. To act as a resource person by coordinating school and community health activities, and serving as a liaison person between the home, the school and the community.
7. To contribute to positive and productive work environment.
8. To perform other job-related duties as assigned by Director/Supervisor.

**EDUCATION AND EXPERIENCE:**

Requires a valid Oregon License to practice as a Registered Nurse and recent experience in school nursing or direct nursing care of school age children ages 0-21 in hospital, clinical or community health, home-health settings. Desired: familiarity with community resources in Multnomah County, minimum of one year's experience within the last five years in; school nursing or direct nursing care of school age children and/or special needs children in hospital, clinical, or community health, home-health assignments, current First Aid and CPR certification.

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The statements contained herein reflect general details as necessary to describe the principle functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absences or relief, to equalize peak work periods or otherwise balance the workload.



AN EQUAL OPPORTUNITY EMPLOYER/DRUG FREE/TOBACCO FREE WORKPLACE

EMPLOYMENT APPLICATION  
PAGE 1 OF 3  
INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED

## PERSONAL DATA

<p>(Last) _____ (First) _____ (Middle) _____</p> <p>_____ (Mailing Address)</p> <p>_____ (City) _____ (State) _____ (Zip) _____ (County) _____</p> <p>TELEPHONE NUMBER(S):</p> <p>Residence: _____</p> <p>Cell/Message: _____</p> <p>Business: _____</p> <p>EMAIL ADDRESS:</p> <p>_____</p>	<p>This application will be considered only for the specific job applied for. It will not be retained. If you desire to be considered for a position at a future time, you must file a new application.</p> <p>POSITION APPLIED FOR:</p> <p>_____</p> <p>When is the earliest date you could report to work?</p> <p>_____</p> <p>Are you authorized to work in the United States?</p> <p style="text-align: center;">Yes      No</p> <p style="text-align: right;"><i>NOTE: If you are hired, you will be asked to provide verification of your work eligibility.</i></p> <p>Are you 18 years of age or older?</p> <p style="text-align: center;">Yes      No</p>
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## EDUCATION AND CERTIFICATES

Do you have a high school diploma or GED certificate?      Yes      No

List name and location: \_\_\_\_\_

### SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

School Name	Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma

Have you worked for MESD before?      Yes      No

Dates worked: \_\_\_\_\_ Position held: \_\_\_\_\_

**\*\*FOR HR USE ONLY\*\***

Job number applied for: \_\_\_\_\_ #1 Date card sent/Initials: \_\_\_\_\_ Entered by: \_\_\_\_\_

Minimum qualifications met?      Yes      No      #2 Date color card sent/Initials : \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List below your work and military experience, paid or unpaid, beginning with your present or most recent job. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. If you do not feel that the space provided for DUTIES is adequate, please attach additional sheets. **PLEASE COMPLETE SECTIONS/ITEMS WHETHER OR NOT YOU SUBMITTED A RESUME. If this section is not completed, your application will not be processed. Be sure to read and sign the bottom of page 3 of 3.**

Present or Last Position	EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HOURS/DAY _____  # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	IF PRESENT EMPLOYER, MAY WE CONTACT?	REASON FOR LEAVING	
	Yes No		
	EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HOURS/DAY _____  # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	REASON FOR LEAVING		
	EMPLOYER	ADDRESS	FROM _____ (Month) (Year)  TO _____ (Month) (Year)  # OF HOURS/DAY _____  # OF DAYS/YEAR _____
	YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
	DUTIES (be specific)		
	REASON FOR LEAVING		

EMPLOYER	ADDRESS	FROM _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
DUTIES (be specific)		
REASON FOR LEAVING		
EMPLOYER	ADDRESS	TO _____ (Month) (Year)
YOUR TITLE	SUPERVISOR'S NAME & TELEPHONE	
DUTIES (be specific)		
REASON FOR LEAVING		
		# OF HOURS/DAY _____  # OF DAYS/YEAR _____

**PROFESSIONAL REFERENCE:** Please give the name of three persons not related to you, with whom you have had a professional relationship for at least one year.

NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN
NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN
NAME/COMPANY	HOW DO YOU KNOW
TELEPHONE	YEARS YOU HAVE KNOWN

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize Multnomah Education Service District to make any necessary and appropriate investigations to verify the information contained herein and to do employment reference checks.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p><b>All application materials submitted become the property of MESD</b>                  SEND APPLICATION, CRIMINAL RECORD CONSENT, AFFIRMATIVE ACTION FORM AND ANY OTHER MATERIALS REQUESTED TO:</p>	<p><b>MULTNOMAH EDUCATION SERVICE DISTRICT</b>                  Attn: Receptionist                  11611 NE Ainsworth Circle                  P.O. Box 301039                  Portland, OR 97294-9039</p>	<p>PHONE: 503-255-1841                  FAX: 503-257-1620</p>
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**ADDENDUM TO ON CALL REGISTERED NURSE APPLICATION**  
**DEPARTMENT OF SPECIAL EDUCATION**  
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4. Please indicate the settings where you have had six months of nursing experience within a single work year within the last 5 years in a school/clinical setting providing care to with children who have chronic or technically supported health problems.

<input type="checkbox"/> School		<input type="checkbox"/> Hospital/Other Clinical Setting		<input type="checkbox"/> Community Health	<input type="checkbox"/> Home Health
Place of Employment and Dates	Job Title	Clinical Area	% of case load ages 0-21 yrs	Description of Duties	

5. Please indicate the following procedures or techniques with which you have had recent experience:

<input type="checkbox"/> Nasal/Gastric Tube Feeding	<input type="checkbox"/> Gastrostomy Feeding	<input type="checkbox"/> Tracheotomy care including emergency intervention	<input type="checkbox"/> Seizure emergency intervention
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6. Do you have a valid driver license and a vehicle for on-the-job use? Yes No

I hereby certify that this application contains no misrepresentations or falsifications and that the information is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize the Multnomah Education Service District to make any necessary and appropriate investigations to verify the information contained herein and to do employment reference checks. I further understand that the substitute positions for which I am applying are on-call positions and employment is on an "as needed" basis only with no guaranteed number of days of employment and with no rights under MESD/EA collective bargaining agreement. I further understand that employment with MESD calls for customary recess periods during the school year (summer, winter and spring). Following each of these periods, MESD expects that my relationship with the MESD as a substitute will continue. I have read the attached Board Policy GBCBA regarding use of controlled substance and alcohol.

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

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



**AFFIRMATIVE ACTION – SELF IDENTIFICATION FORM**

All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. Your cooperation in responding to the information below will assist Multnomah ESD in ensuring equal opportunity employment and in complying with governmental regulations and affirmative action responsibilities.

**RACE:** Select one or more

**AMERICAN INDIAN (AI)** OR **ALASKA NATIVE (AI)**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**ASIAN (AS)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**AFRICAN AMERICAN (BL)**

A person having origins in any of the black racial groups of Africa.

**NATIVE HAWAIIAN (NH)** OR **OTHER PACIFIC ISLANDER (NH)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE (WH)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**ETHNICITY:** Select one

**HISPANIC**  
or **LATINO** (all races)

**HISPANIC**  
or **LATINO** (White only)

**NOT HISPANIC**  
or **LATINO**

**SEX:** Female Male

**VETERAN:**

**Vietnam-Era Veteran** (August 1964 – May 1975)  
**Veteran** who has served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.  
**Disabled Veteran**

**INDIVIDUAL WITH A DISABILITY:**

**Disabled** A person with the presence of substantial physical/mental impairment that limits one or more of such person's major life activities; record of such impairment; is regarded as having such impairment.

*Completion of this data is voluntary and will not affect your opportunity for employment, advancement, or terms or conditions of employment. Information is for statistical use only and is kept confidential and stored separate from personnel records.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Zip Code: \_\_\_\_\_ If you do not wish to provide this information, initial here: \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS POSITION OR AGENCY?**

Walk-in \_\_\_\_\_ Newspaper Ad – which paper? \_\_\_\_\_  
State Employment Service \_\_\_\_\_ MESD employee – who? \_\_\_\_\_  
School \_\_\_\_\_ Internet or web site – which site? \_\_\_\_\_  
Other – please specify \_\_\_\_\_



**NOTICE OF CRIMINAL RECORDS CHECK – Fingerprints  
(Application for employment)**

An application for employment is subject to a criminal records check, which may include fingerprint collection where appropriate, as required by law and MESD Board Policy. An applicant’s refusal to consent to a criminal records check, including fingerprint collection, will cause MESD to withdraw an offer of employment.

An applicant, who would otherwise be subject to fingerprint collection, may be exempt from the requirement where the applicant has successfully completed a criminal records check, which included fingerprint collection, under ORS 326.603 and has continuously resided in Oregon since completion of that records check. An applicant, who claims an exemption, has the burden to provide MESD with evidence which supports the exemption. Any fees associated with the criminal records check, including fingerprinting, shall be the responsibility of the applicant. Such fees shall be paid at the time the criminal records check is collected.

The Oregon Department of Education (ODE) will review the fingerprint-based criminal records check, and notify MESD if a person may be employed. A person is not employable where ODE determines that the person has been convicted of a crime listed in ORS 342.143 or in OAR 581-22-716(9), or has made a false statement about the conviction of a crime. Where ODE notifies MESD that person is not employable, MESD will immediately terminate the employment. The person may appeal ODE’s determination to the Oregon Superintendent of Public Instruction as a contested case under ORS 183.413 to 183.470.

I have read and understand the above information.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_