



CITY of OREGON

5330 SEAMAN ROAD
OREGON, OHIO 43616-2633
www.oregonohio.org

CIVIL SERVICE COMMISSION
JUDY HUFFMAN, CHAIRMAN
JOE BIRES
TINA EVANS

Sandy Garverick, Clerk of Commission
PHONE 419-698-7095 - FAX 419-690-7305
sgarverick@oregonohio.org

May 23, 2024

INFORMATION TECHNOLOGY DIRECTOR

The City of Oregon is accepting applications for the position of Information Technology Director. Position reports to the City Administrator and is responsible for maintaining the City's information systems while assisting in developing policies, procedures, and programs for efficient use and operation of computer network systems. Must possess a bachelor's degree in any related field with a background in desktop hardware and software systems. Must have excellent organization and communication skills and the ability to effectively communicate with city departments and IT system users. Submit complete application (available at www.oregonohio.org under Careers), resume, college transcript, to the City of Oregon, Civil Service Commission, 5330 Seaman Road, Oregon, OH 43616 or email to sgarverick@oregonohio.org no later than June 26, 2024. Salary dependent on qualifications and experience. Current salary range: \$104,732 - \$115,190



City of Oregon
5330 Seaman Road
Oregon, OH 43616

APPLICATION FOR EMPLOYMENT
CITY OF OREGON, OHIO



Position Applied For: IT Director	Date of Application	/	/
Please take your time in filling out this employment application. The quality and completeness of the information provided will be factored into the city's hiring decision.			
Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability. You may exclude from this application any responses which indicate race, color, religion, sex, national origin, disability, age or ancestry.			
First Name:	Last Name:	M.I.	
Street Address:	Apt. #:		
City/State:	Zip Code:		
Telephone:	Soc. Sec. No.:		
Cell:	Email:		
List all previous addresses in the past twenty years:			
Do you know of any reason why you would not be able to perform the substantial and material elements of the job for which you are applying? Yes _____ No _____ If yes, please explain.			
Have you ever been employed here before? Yes _____ No _____ If yes, give dates			
Are you employed now? Yes _____ No _____ If yes, may we contact your present employer?			
On what date would you be available for work?			
No person shall be eligible for appointment who has been convicted of a felony or any other crime that may, in the view of the Civil Service Commission, comprise an abuse of the public trust. All applicants must pass a background and/or credit check to make this determination.			
Professional License or Certificate: Date _____ Title _____ # _____			
Issued by _____ Expiration Date _____			
NOTE: If you may ever have an occasion to drive city vehicles, an Ohio Department of Highway Safety—Request for Abstract of Driving Record will be requested from the Bureau of Motor Vehicles.			
Driver's License: Do you have a valid Driver's License? Yes _____ No _____ License # _____			
How many points do you have on your Driver's License at the time you filled out this application _____			
Do you have a valid Commercial Driver's License: Yes _____ No _____ License # _____ Class _____ (A, B or C)			
Is your CDL restricted to vehicles without air brakes (#L)? Yes _____ No _____			

EMPLOYMENT EXPERIENCE

Start with your present job. Include military service assignments and volunteer activities. Exclude organization name which indicate race, color, religion, sex, national origin, disability, age or ancestry.

1.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
2.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
3.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
4.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
5.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	

EDUCATION

	Elementary	Circle one: High School Diploma or GED	College/University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (Describe Course of Study)				
Describe Special Training, Apprenticeship, Skills & Extra Curricular Activities				
Honors Received:				

Special Skills and Qualifications (Acquired from employment or other experience): Also summarize computer skills and knowledge of various software.

State any additional information you feel may be helpful to us in considering your application (include professional, trade, business or civil activities and offices held). You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

The minimum age for employment with the City of Oregon is 18 years of age. Can you meet this requirement? Yes No

If applying for the position of Police Officer or Fire Officer, the minimum age is 21 years. Can you meet this requirement? Yes No

Are you a Veteran: Yes No
 (If yes, you must provide a copy of DD-214 to show proof of service. If you successfully pass the exam, and have shown proof of service, prior to taking the exam, you will be given 5 additional points. If you show proof of a service related disability prior to taking the exam and successfully pass the exam, you will receive an additional 5 points. A total of 10 points may be granted for both proof of service and disability.)

Do you need any special accommodations for taking this exam? Yes No
 If yes, please explain.

REFERENCES

Give name, address, and telephone numbers of three references who have known the applicant for at least one year, and who are at least 21 years of age. Do not use the name of past employers, relatives or City of Oregon employees.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3.		

Give name, address, and telephone numbers of three work related references.

NAME	ADDRESS	TELEPHONE (Evening and Daytime)
1.		
2.		
3		

SPECIAL ACCOMMODATIONS

Anyone who has a disability that needs special accommodations for testing must contact the Civil Service office no later than 72 hours prior to the test to see if arrangements can be made.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision which may include conducting a Criminal Record Check. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information or material omission given in this application or an interview to follow, may result in my discharge whenever it is discovered. I understand, also, that I am required to abide by all rules and regulations of the City of Oregon. I have read the qualifications and can meet the age requirements as set forth herein.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No If yes, please explain.

I understand a post-hire, pre-employment physical examination and a drug and alcohol screen will be required after appointment.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Oregon.

I understand a positive pre-hire drug screen will discharge me from further consideration for employment with the City of Oregon or cause me to be terminated as a city employee.

The City of Oregon established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Oregon are required to sign this policy as a condition of employment.

I understand that I must sign a full release of information statement as a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

Date: / /

Applicant's Signature:

THIS SECTION IS FOR OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

Grade:	Standing:	ACCEPTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>
--------	-----------	-----------------------------------	-----------------------------------

By: _____
Civil Service Commissioner

Date: / /

CITY OF OREGON, OHIO
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS: HOME: _____ **WORK:** _____ **CELL:** _____

SOCIAL SECURITY NO.: _____ **DATE OF BIRTH:** _____

TO WHOM IT MAY CONCERN: I am an applicant for the position of IT Director with the City of Oregon, Ohio. The City of Oregon and its Police Division need to investigate my employment background and personal history to evaluate my qualifications for the position for which I applied. This information will allow the City of Oregon to appropriately and independently verify the information I provided on my job application. It is in the public's interest that all information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any duly assigned representative of the City of Oregon bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Oregon, whether said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for a full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of a background investigation that may provide pertinent data for the City of Oregon Police to consider in determining my suitability for employment by the City of Oregon as IT Director. It is my specific intent to provide access to my personnel information, however, personal or confidential it may appear to be.

I consent to your release of any and all public and private information concerning me, my work record, my background and reputation, my military service awards, educational records, my financial status, my criminal history record including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievance filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have, or have had an interest, attendance records, and any internal investigations and discipline, including any files deemed to be confidential, and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, for any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for the release of information, or any attempt to comply with it, I direct you to release such information upon request of a duly accredited representative of the City of Oregon regardless of any agreement I may have made with you previously, to the contrary. The City of Oregon may discontinue processing my application if I refuse to disclose the information requested.

For and in consideration of the City of Oregon acceptance and processing of my application for employment, I agree to hold The City of Oregon, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Oregon. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the appropriate authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the City of Oregon in conjunction with employment procedures.

A photocopy or FAX-copy of this release form will be valid as an original thereof, even though the said photocopy or FAX-copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Date: _____

Signature: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY
SWORN AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20_____

MY COMMISSION EXPIRES _____

NOTARY: _____

CITY OF OREGON

Classification No. 7147

Information Technology Director

Date 07/1986 Ord. 090-1986
Date 06/2019 Rev. Ord. 069-2019
Date 02/2023 Rev. Ord. 036-2023

POSITION FUNCTION: Under the direction of the City Administrator this position is responsible for maintaining the City's information systems while assisting in developmental policies, procedures, and programs for efficient use and operation of computer network systems.

JOB RESPONSIBILITIES

Researches, recommends, installs, and modifies hardware and software in consultation with the City as needed.

Maintains and modifies local and wide area networks as needed.

Maintains Multi-site IT Systems and infrastructure.

Works to ensure network health, stability, and protection.

Works with Lucas County and NORIS to ensure secure access to their networks.

Develops policy and protocol recommendations as required for use of City computer systems, Internet applications, and personal computers.

Develops and conducts training programs for City employees.

Gives recommendations to City departments on the purchase of software and all technology-related office equipment.

Maintains existing databases and designs; develops and implements additional databases as required.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of the use and application of various software packages designed for office and professional applications.

Knowledge of modern computer operating systems including Windows and Microsoft Server.

Knowledge of latest technology for IT systems and management.

Knowledge of WANs, configuration, and maintenance procedure.

Knowledge of Microsoft O365 email system administration.

Ability to work independently.

Ability to apply personnel skills and expertise.

Ability to provide direction and guidance to subordinates.

Ability to prepare technical data reports.

Ability to effectively communicate with contractors, City personnel, and the general public on every level.

<p>Provides user support to all city employees as needed.</p> <p>Responsible for troubleshooting, software installation, and minor equipment repairs.</p> <p>Maintains and oversees the City website.</p> <p>Maintains and oversees VOIP telephone system.</p> <p>Administers and maintains the email system and secure network file system for the City.</p> <p>Responsible for administering the City's security system; register users, assign access, prepare ID badges, program data, prepare historical reports, troubleshoot system and maintain a point of contact with the vendor.</p> <p>Supervises and provides assignments to personnel, vendors, and software consultants.</p> <p>Build relationships with vendors and creating cost-efficient contracts.</p> <p>Purchase efficient technological equipment and maintain the Information Technology budget.</p> <p>Performs other related duties as assigned by the City Administrator.</p>	<p>Ability to prepare clear and concise correspondence and other written materials.</p> <p>Ability to maintain confidentiality when accessing sensitive materials.</p> <p>Ability to remain current in the use and knowledge of advancing computer technologies, programming, software, and computer applications.</p> <p>Ability to provide strategic leadership on projects and initiatives.</p> <p>Experience in controlling information technology budget.</p>
--	--

TRAINING AND EXPERIENCE REQUIREMENTS:

Bachelor's degree in Computer Science or related field; two (2) years' experience with Microsoft Office Suite applications; five (5) years' experience with Microsoft Server; minimum of five (5) years in an administrative or supervisory position. In exchange for the minimum requirements, the City will also consider any combination of education, training, and experience that will provide the necessary knowledge, skills, and abilities to adequately perform the essential functions of the job. Applicant must possess a valid driver's license. No person shall be eligible for appointment to this position who has been convicted of any crime that may compromise public trust. Applicants must successfully complete a background check to make this determination prior to employment.