



CUSTER COUNTY, COLORADO

205 S. 6th Street, PO Box 150
Westcliffe, CO 81252

JOB DESCRIPTION

POSITION TITLE: Custer County
Public Health Agency Director

FLSA Status: Non-Exempt

Introductory Period: 6 months

Person:

Anniversary Date:

Supervisory Role:

Essential Functions of the Position:

To provide quality public health services to the people of Custer County. Plans, administers, supervises, and evaluates public health programs and activities of the County Public Health Agency while supervising all staff and collaborating with other community agencies.

Characteristics, Duties and Responsibilities:

The following statements are illustrative of the duties and responsibilities of the job. The organization retains the right to modify or change the duties and responsibilities of the job at any time.

1. Oversees the management and administration of the County Public Health Agency
2. Negotiates and administers all contracts for the public health service
3. Assists in the development of long term goals, policies, and procedures to enhance the operation of the office to ensure compliance with local, State, and Federal laws.
4. Schedules all work activities of all operations within the office to ensure timetables are met for specific activities.
5. Interprets departmental policies and programs to staff, administrative bodies, and the community.
6. Prepares the annual budget for the office and works with the county's financial officer and human resource officer in monitoring expenditures to ensure proper and efficient management of funds.
7. Administers and assures the deliverables are met for the emergency preparedness grants.
8. Provides professional leadership to and participates in community health activities such as the county extension advisory board, Custer Emergency Services, the Preschool Advisory Board and the School Nurse Program.
9. Provides coordination for the 9 Health Fair
10. Identifies community health needs, develops plans, sets priorities, and coordinates departmental and community activities to effectively address these needs.
11. Identifies outside funding sources and opportunities and applies for available and desirable grants.
12. Conducts well adult/senior blood pressure screenings
13. Conducts immunization clinics and appointments on an as needed basis



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14. Assists "drop in" patients as needed.
15. Provides for the follow up on reportable communicable diseases.
16. Writes a column for the local newspaper on an as needed bases.
17. Performs any other related management duties.
18. Provides supervision for school nurse in her cooperative position with Public Health Agency.
19. Report monthly to the Board of County Commissioners
20. Provides training for First Aid, CPR & AED certifications.
21. Comply with the Custer County Personnel Policies.
22. Other reasonable activities assigned by the BOCC.

Time Commitments by Responsibility:

- 45% Providing community public health services
- 40% Administering and meeting the deliverables for the Emergency Preparedness Grants
- 15% Supervising and Reporting

Knowledge, Skills, and Abilities

- Knowledge of best practices
- Knowledge of regulations, policies and procedures.
- Ability to understand, apply state laws, regulations
- Ability to effectively use a variety of computer software.
- Adhere to Public Health policies and procedures.
- Ability to exercise considerable tact and firmness in dealing with customers and the general public.
- Ability to work as a team member.
- Ability to complete tasks within established deadlines.
- Ability to effectively process and maintain files and prepare reports.

Minimum Education/Licensure/Experience Required:

- Bachelor's or Master's degree in a public health related discipline such as public health, medicine, nursing, environmental health, health education, health administration/policy, or a closely related field is preferred.
- Must demonstrate successful and increasingly responsible professional work experience including leadership, management, and administration in the field of public health.
- Professional public health work experience may substitute for certain academic requirements, or exceptional academic preparation may substitute for certain experience requirements when a candidate is otherwise prepared to fulfill the duties of the position.
- Current Colorado Registered Nursing License preferred but not required.
- ICS/NIMS Certification as required by the Emergency Preparedness Grants, or willing to



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obtain upon hire.

- Current Colorado Driver's License or willing to obtain upon hire.
- Current CPR/AED Certification and Training Credentials or willing to obtain upon hire

Physical Requirements

- While performing the duties of this job, the employee is regularly required to sit, talk, hear, and see, using close and medium range vision.
- The employee is frequently required to view computer keyboards and monitors.
- The employee is sometimes required to drive to offsite locations.
- The employee must regularly lift and /or move up to 10 pounds, frequently lift and/or move up to 25 pounds, and occasionally lift and /or move up to 50 pounds.

Performance Reviews

- This position is subject to periodic performance reviews.
- The post introductory period evaluation will also review the supervisory, communication, and community interactive skills.

Pay Schedule

- 32 hours per week. May be increased to 40 hours per week occasionally.
- Rate of pay: \$ per hour with benefits – paid monthly by the County

Minimum Hourly Wage	Maximum Hourly Wage

Supervision: Board of County Commissioners

APPLICATION FOR EMPLOYMENT

CUSTER COUNTY is an Equal Opportunity Employer

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____
 Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? Yes No
 Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)

If yes, give details _____
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) _____

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LIST NAME AND ADDRESS OF SCHOOLS

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____	_____	_____	_____
College or University: _____	_____	_____	_____
Vocational or Technical: _____	_____	_____	_____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
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SUPERVISOR(S)	TELEPHONE	Reason For Leaving

Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details

Custer County conducts a thorough background check on applicants for certain positions including, but not limited to, financial staff, janitorial staff, positions that interact with vulnerable populations and positions where employees are required to operate vehicles and/or equipment. The background check may include, but is not limited to, social security verification, criminal records and motor vehicle reports.

AUTHORIZATION TO RELEASE INFORMATION

Last Name _____	First Name _____	Middle Name _____
Current Address _____		Dates Lived Here _____
Addresses for the Past Seven Years (include street, city, state, zip code) _____		Dates of Residence _____
Date of Birth _____	Other Names Used (including maiden name) _____	Years Used _____
Social Security Number _____	Driver's License # _____	State _____
Email address (may be used for official correspondence) _____		

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Custer County to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Custer County for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Custer County to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I hereby do _____ do not _____ authorize you to contact my *current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application)

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date
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