

JOB VACANCY ANNOUNCEMENT

Date of Posting: 10.29.2020

The following temporary position is available. Interested parties may obtain application materials from Marion County Public Health Department, the MCPHD website (www.marionph.org), or the Marion County Human Resources office. Return the application form to Kim Dorn, Marion County Public Health Department, 2003 N Lincoln, Box 152, Knoxville, IA 50138.

kdorn@marioncountyiowa.gov This is a TEMPORARY POSITION, from November through no longer than June 30, 2020.

Job Title: **Pandemic Data Review and Reporter**

Department: Marion County Public Health Department, 2003 North Lincoln, Knoxville, IA 50138

Hours: Approximately 8:00-4:30 Schedule will be on 5 days, off 3 days, including weekends and holidays.

PURPOSE

This position assists in carrying out agency financial and reporting responsibilities through data management and coordination of non-program specific clerical staff. Responsibilities include departmental financial records, comprehensive department wide programmatic data, payroll, tracks financial data and program data, prepares reports, providing program support, and coordinating special projects. Performs related duties as required.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

The following duties are typical for this position. These are not to be construed as exclusive or all inclusive. Other duties may be required and assigned.

Receive EMResource survey data reports for LTC/hospitals

Validate Data using prescribed reporting method

Review Data, compare to previous day, review facility remarks

Contact facilities with data discrepancies, concerns, change in status

Re-enter EMResource Survey's (Blue or Red), applicable, using the unrefined data reports

Data Review of corrected data

Review in EMResource

Review Statewide HAvBED data

Review Hospital Data

Validate

Review and compare data to previous day, review facility remarks

Contact facilities with data discrepancies, concerns, change in status

Re-Run Reports with the data personnel as needed

Data Review of corrected data on final reports to complete the validation process

Email situation reports

Participate in State of Iowa Synch Call in Report

Knowledge, Skills, and Abilities required:

Graduation from High School

Detail Oriented

Fluent with Computers, including databases, Excel, email and Google Drive

Must be clear and concise communications

Interested parties are encouraged to read the full job description available at Marion County Public Health Department, or on the website at www.marionph.org. This job vacancy notice will be posted for a minimum of 10 days or until the position is filled.

The County shall have sole discretion to fill any vacancy.

MARION COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

MARION COUNTY
JOB DESCRIPTION

	Department:	Public Health Department
Job Title:	TEMPORARY Pandemic Data Review & Reporter	FLSA Designation: TEMPORARY Non-Exempt
Effective Date:	October 2020	Reports To: PHEP Coordinator

PURPOSE

Under general supervision, reviews and validates columnar data for hospitals and Long Term Cares in Central/South Central Iowa 1 to assist in the management of patient transfers and facility needs. This is a temporary position, which will be in place as long as reporting is required in the RMCC system, anticipated no longer than June 30, 2020. **Hours: Approximately 8:00-4:30 Schedule will be on 5 days, off 3 days, including weekends and holidays.**

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES

The following duties are typical for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Receive EMResource survey data reports for LTC/hospitals
- Validate Data using prescribed reporting method
- Review Data, compare to previous day, review facility remarks
- Contact facilities with data discrepancies, concerns, change in status
- Re-enter EMResource Survey's (Blue or Red), applicable, using the unrefined data reports
- Data Review of corrected data
- Review in EMResource
- Review Statewide HAvBED data
- Review Hospital Data
- Validate
- Review and compare data to previous day, review facility remarks
- Contact facilities with data discrepancies, concerns, change in status
- Re-Run Reports with the data personnel as needed
- Data Review of corrected data on final reports to complete the validation process
- Email situation reports
- Participate in State of Iowa Synch Call In Report

Job Title: TEMPORARY Pandemic Data Review & Reporter

MINIMUM EDUCATION AND EXPERIENCE REQUIRED TO PERFORM ESSENTIAL FUNCTIONS

Graduation from high school
Must be detail oriented
Must be fluent with computers, and use databases/Excel
Must be fluent with email, Google Drive
Must be clear and concise in communications

Certificates, Licenses, Registrations, and other Requirements

None Required
NIMS after hire

MENTAL AND PHYSICAL COMPETENCIES REQUIRED TO PERFORM ESSENTIAL FUNCTIONS

Language Ability

Must be able to read, write, and speak English fluently. Ability to read and interpret technical documents. Ability to complete technical writing with proper grammar, punctuation, and capitalization; write and verbally provide routine reports and correspondence. Requires daily communication with LTC and hospital partners, requiring compliance with rules and deadlines. Ability to effectively present information Iowa's leadership in COVID-19 response concisely and with clarity.

Mathematical Skills

Basic mathematics. Ability to add, subtract, multiply and divide.

Cognitive Demands

Ability to understand complex ideas, define problems, collect data, establish facts, and draw valid conclusions. Ability deal with abstract and concrete variables. Must be attentive to details at all times. Requires ability to deal with set deadlines with varying levels of cooperation in providing data timely. Intensity is part of this position. Must be able to work 5 days on, 3 days off, weekends, and holidays as they fall within that schedule.

Equipment Used

Computer
Printers
Telephone
"Smart" Cell phone

Physical Demands

Typical office environment involving sitting, walking, occasional bending, talking, hearing, stooping, crouching. Horizontal and vertical reaching motion is required. Must be able to input data on computer efficiently. Must have corrected vision to see large amounts of data on

computer screens. Aptitudes required are those typically associated with office operations including clerical, numerical and forms perception, clarity of vision 20" or less to view computer screens, legal documents; 20" or more, peripheral vision, and depth perception. Must have color vision. Uses eye/hand coordination, hand and finger dexterity, motor coordination, hearing and conversation skills.

Environmental Adaptability

Work is performed in a typical office environment and has no unusual long-term exposure to environmental issues. Work is normally in quiet environment conducive to perform intense concentration on columnar data evaluation and reporting.

I have carefully read and understand the contents of this job description. I understand the responsibilities, requirements and duties expected of me. I understand that this is not necessarily an exhaustive list of responsibilities, skills, duties, requirements, efforts or working conditions associated with the job. While this list is intended to be an accurate reflection of the current job, the Employer reserves the right to revise the functions and duties of the job or to require that additional or different tasks be performed as directed by the Employer. I understand that I may be required to work overtime, different shifts or hours outside the normally defined workday or workweek. I also understand that this job description does not constitute a contract of employment nor alter my status as an at-will employee. I have the right to terminate my employment at any time and for any reason, and the Employer has a similar right.

Employee's Signature

Date

Department Head

Date

Marion County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will consider reasonable accommodations for qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the Employer.

MARION COUNTY

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any questions, use an extra sheet of paper. Print clearly; illegible applications will not be processed.

All qualified applications will receive consideration without unlawful discrimination because of race, creed, religion, color, sex, sexual orientation, gender identity, age, national origin or disability.

Last Name	First	Middle
Street Address	Are you at least 18 years of age? Yes _____ No _____	Do you have a legal right to work in the United State full-time? Yes _____ No _____
City/Town	State	Zip Code:
		Telephone Number(s) () ()
Position you are applying for: (Maximum of 2)		Date Available:
1.		
2.		Email Address:
Have you ever been employed by Marion County? Yes _____ No _____ If yes, give dates you were employed:	Position	Reason for Leaving

List all of the formal education that you have completed. Use a separate sheet of paper if you need additional space.

Name/Location	Did You Graduate?	Major Subject
High School(s)	YES _____ NO _____ If no, list the highest level completed:	
College(s)	YES _____ NO _____ If no, list the highest level completed:	
Trade School(s)	YES _____ NO _____ If no, list the highest level completed:	

List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use back or separate sheet of paper if necessary.

Employer: Telephone #: ()	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer: Telephone #: ()	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer: Telephone #: ()	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
Employer: Telephone #: ()	From:	To:	Pay level per: (Yr/Mo/Wk/Hr)
Address:	Job Title:	Describe your duties:	
City, State, Zip Code	Supervisor's Name:	Reason for leaving:	
May we contact your current employer? Yes _____ No _____			

List any professional, trade groups, organizations, machinery/tools operated in past, or special skills that you consider relevant to your ability to perform this job:

Were you in the Military? Yes _____ No _____ Branch: _____

Do you have any experience from your military service that would be relevant to the job(s) for which you are applying?

If yes, please explain: _____

Have you ever been convicted of a felony? (For purposes of this questions, convicted includes plead guilty, plead no contest or been given a deferred sentence of judgment.) Yes _____ No _____

If yes, please explain: _____

Note: A conviction will not automatically disqualify an applicant for a particular job and that the type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.

Have you been given a job description or had the requirement of the job explained to you? Yes _____ No _____

Answer the questions in this box only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you.

Do you understand the requirements? Yes _____ No _____

Can you perform the requirement of this job with or without reasonable accommodations? Yes _____ No _____

If the job requires, do you have the appropriate valid driver's license? Yes _____ No _____

DL#: _____ Type: _____ State of License _____

Have you had any moving violations? Please describe:

Signature: (if signed at different time than below) _____ Date: (if different than below) _____

I understand:

That completing this application does not constitute an offer of employment.

That in connection with the application process, Marion County may conduct a background investigation and request information from my past employers, education institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I understand that such investigation may also include, but is not limited to, any criminal records and motor vehicle driving records. I have read Marion County's Applicant Background Checks and Employee Investigation Policy, which I fully understand and which indicates that if Marion County utilizes the services of a consumer reporting agency, the Company follows the provisions of the Fair Credit Reporting Act and will provide a notice to the applicant and request a separate Release of Information form from the applicant.

That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Marion County at the post-offer stage. I agree that Marion County shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to Marion County full and complete reports and records covering such examinations.

That use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post-offer pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to state law. I agree that Marion County shall be entitled to receive full and complete reports and records governing any alcohol or drug screening, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations.

That if I sustain any injury or illness while in the employment of this organization, I agree that Marion County shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to Marion County full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

That if employment is obtained under this application, I will comply with all rules and policies of the organization. I agree to be responsible for the organization's property and equipment issued to me by the organization until returned by me. I agree to pay for property and equipment not returned, and authorize the organization to withhold an amount equal to the value of the property not returned by me from my final pay.

That this employment application and any other employee related documents are not contracts of employment and that Marion County follows an "employment at-will" policy that an individual who is hired may voluntarily leave employment or may be terminated by the employer at any time for any or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

That this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

Smoking Ban Notice:

Applicants for employment with Marion County are advised that smoking is banned by state law (Iowa Code Chapter 142D) on all Company grounds and in all Company facilities which includes motor vehicles and equipment. Applicants are further advised that their job duties may include entering into areas where smoking is not regulated and where smoking is occurring. (Iowa Code Section 142d.6(2))

I have provided complete and truthful information to Marion County regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

I have carefully read all the statements regarding requests, authorizations, consents and releases and have voluntarily agreed to assist Marion County in evaluating my qualifications for employment and in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who do not pose a risk of serious harm in the workplace.

I understand that with the exception of any credit or investigative reports received under the Fair Credit Reporting Act, all information and documents generated, received or maintained by Marion County during, or as a result of, its investigation will be maintained as confidential information in Human Resources and Marion County will not release such information or documents to me.

Signature of Applicant:

Date:

NOTICE OF APPLICANT BACKGROUND CHECKS AND EMPLOYEE INVESTIGATIVE POLICY

Marion County recognizes the importance of maintaining a safe workplace with employees who are honest, trustworthy, qualified, reliable and non-violent, and do not present a risk of serious harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring an individual, Marion County reserves the right to investigate the individual's prior employment history, personal references and educational background, as well as other relevant information that is reasonably available to Marion County. In hiring for certain positions, Marion County may review an applicant's credit report and criminal background, if any. Consistent with these practices, all job applicants will be asked to sign a provision form, request, authorization, consent and release of information to Marion County and release form liability for disclosure of information included in Marion County's application form. Consistent with legal requirements, Marion County reserves the right to exclude any applicant from consideration for employment, where the applicant refuses to sign the application form as requested.

In addition, Marion County may occasionally find it necessary to investigate current employees, where behavior or other relevant circumstances raise legitimate questions concerning work performance, reliability, honesty, trustworthiness, or potential threat to the safety of co-employees or others. Employee investigations may, where appropriate, include credit reports and investigation of criminal records, including appropriate inquiries about any arrest for which the employee is out on bail. Employees subject to such investigations are required to reasonably cooperate with Marion County's lawful efforts to obtain relevant information, and may be disciplined up to and including discharge for failure to do so.

All employees are strongly encouraged to immediately report any incidents of potentially threatening, harmful or criminal behavior of co-employees, supervisors, customers, clients or visitors that may negatively affect the safety, security, productivity or financial interests of Marion County or its workplace to Human Resources.

Marion County's separate policies regarding Company Property, Security, Privacy and Searches, and its Drug-Free Workplace Policy, provide further information about Marion County's discretion to investigate employees and mandatory employee reporting obligations. After receiving an offer of employment, any job applicant who wishes to review these policies before deciding whether to accept employment may do so by contacting Human Resources.

Marion County

CONFIDENTIAL INFORMATION

Not for Interview Purposes – To Be Filled Separately From Application

Date: _____

Position(s) applied for: _____

Referral Source:

Advertisement Employee Relative Walk-in School
 Government Employment Agency Private Employment Agency

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

(Please Check One)

1. American Indian or Alaskan Native: persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

2. White, not of Hispanic Origin: persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

3. Black, not of Hispanic Origin: persons having origins in any of the Black racial groups of Africa.

4. Asian, or Pacific Islander: persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

5. Hispanic: persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

6. Other: (please specify) _____

Male Female Age

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans, Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam war, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE.

Vietnam War Veteran Disabled Veteran Handicapped Individual