

**JOB DESCRIPTION—PUBLIC WORKS EMPLOYEE
RESPONSIBLE—PUBLIC WORKS COMMITTEE, TRAER CITY COUNCIL**

QUALIFICATIONS:

- High school diploma/GED
- Valid driver's license with CDL certification & air brake endorsement
- Working knowledge of the methods, tools & material used in construction & maintenance of city sewer collection systems & streets
- Ability to follow written & oral instructions & knowledge to read blueprints & drawings.
- Ability to work with diverse groups & maintain effective working relationships
- Ability to perform essential job functions.

JOB RESPONSIBILITIES AND DUTIES:

- Assist/monitor street maintenance & repair.
- Assist/monitor maintenance & repair of sewer & storm collection systems.
- Assist/monitor all public works shops, storage, & equipment to be in safe & good working condition.
- Assist/monitor the use of gloves, safety glasses/goggles, hard hats, hearing protection & others noted by MSDS/SDS.
- Assist in construction projects within City limits.
- All work performed is documented on a written schedule or daily record.
- Ability to properly, safely & effectively operate all equipment such as, but not limited to, trucks, street sweeper, end loader, tractor, mowers, road grader, snow thrower, air hammer, welder, trimmers, air compressors, wood chipper, cutting torch, crack filling machine, cement saw, chain saw, air pack & hand tools.
- Qualify & possess certification & license for spraying chemicals & materials normally used by the Public Works department and support of the Pest Control Sharing Program.
- Cooperate with other City departments as appropriate to ensure the effective operation of all components to City government.
- Additional duties & responsibilities that may be added at a later date by formal action of the City Council.

ESSENTIAL JOB FUNCTIONS:

Physical and /or Mental Demands:

- Occasional overtime & weekend work
- Occasional sitting
- Frequent driving, walking, standing, reaching, talking, hearing, & carrying
- Frequent lifting (50lbs or more)
- Frequent kneeling, stooping, bending,
- Occasional climbing
- Occasional use of office equipment
- Occasional use of phone or short-wave radio
- Record keeping
- Flexibility (moving from one job to another)
- Frequent problem solving & decision making

Work Environment:

- Frequent exposure to noise, dust, fumes, gases
- Occasional exposure to cold, heat, rain, snow, & hazardous materials
- Frequent exposure to moving equipment/vehicles
- Occasional exposure to bloodborne pathogens

The above statements are intended to describe the general nature and essential job duties of this job as well as the level of work performed by employees in this position.

All requirements are subject to possible modification to reasonably accommodate risk to the health and safety of themselves or other employees.

This job addendum in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any job-related instructions and to perform any other job-related duties required by their supervisor. Requirements are representative of minimum levels of knowledge, skills and/or aptitudes to perform each duty proficiently.

This document does not create an employment contract, implied or otherwise.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

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.)

Social Security # _____ 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? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

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 _____

For Driving Jobs Only: 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 or other protected status.) _____

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: _____			

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	
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	

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 THE PRESIDENT OF THE ORGANIZATION HAD THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. 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.