

**Municipal Office:**

(810)796-2291

(810)796-3618 Fax

[www.villageofdryden.com](http://www.villageofdryden.com)

**Village Clerk/Treasurer:**

Holly A. Shroyer

**Department  
of Public Works**

James Honnold, Supervisor

VILLAGE OF DRYDEN

5602 MAIN STREET

PO BOX 329

DRYDEN, MI 48428

**Village Council President:**

Alen Graham

**Council President Pro-Tem.**

Stanley Roszczewski

**Council Trustees:**

Michael Franz

Brandon Jones

David Weaver

**DPW Supervisor**

**FULL TIME DPW SUPERVISOR GENERAL STATEMENT OF DUTIES**

The Supervisor of Public Works will overseeing 2-3 employees in a department and perform a variety of public works and/or recreation, construction, maintenance, repair, custodial activities involving parks and all Municipal buildings, and grounds; operate trucks and other power-driven equipment, tools and related work as required. The DPW Supervisor will also maintain and operate the Water Treatment Plant and Sewer Lagoons.

**QUALIFICATIONS FOR EMPLOYMENT**

- 3 Plus years of experience and knowledge of work methods and practices and procedures involved in public works and recreation construction, maintenance, and repair activities.
- 3 Plus years of experience and knowledge of the operation of trucks and other automotive and power-driven equipment and tools.
- Familiarity with streets and other locations in the Village.
- Ability to perform the essential functions of the job.
- Mechanical aptitude.
- 3 Plus years of experience and knowledge of methods, materials and equipment used in building and grounds maintenance work.
- Ability to work successfully with the public and with other employees.
- An employee in this class, upon appointment, must have the following training and experience:
  - a. Graduation from an accredited high school.
  - b. 3 Plus Years of Experience as in DPW Department with Water a Treatment Plant and Sewer Lagoons
  - c. Possession of a valid chauffeurs (CDL) license with Air Brakes and Group B.

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- d. Possess a WASTEWATER TREATMENT OPERATOR L2 License
- e. Possess a WATER S4 D4 License.

Applications along with Resume can be emailed to [hshroyer@villageofdryden.com](mailto:hshroyer@villageofdryden.com)  
or in Person at Village of Dryden Office 5602 Main Street M-F 8:00 a.m.-3:00 p.m.

If you have any questions, please feel free to call 810-796-2291.

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## VILLAGE OF DRYDEN EMPLOYMENT APPLICATION

It is the policy of the Village of Dryden to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, creed, national origin, religion, sex, disability, or any other legally protected status, except where such factors constitute a bona fide occupational qualification. A person with a disability requiring accommodation for completing the application process should notify Human Resources as soon as possible. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

NOTE: An offer of employment is contingent upon evaluation and approval of data received via background checks, drug test(s), and health screening (if required). Please answer all questions completely. Incomplete applications may not be considered.

TITLE OF POSITION APPLIED FOR:

DATE:

PERSONAL INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Initial: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you at least 18 years of age? Yes No

Have you ever been known by another name? Yes No

If yes, what name? \_\_\_\_\_

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

Do you possess a valid commercial driver's license? Yes No If yes, what type? \_\_\_\_\_

Has your license ever been revoked or suspended? Yes No

If yes, please explain: \_\_\_\_\_

## CRIMINAL HISTORY:

Have you ever been convicted of a crime (including misdemeanors)? Yes No

Date of conviction: \_\_\_\_\_

Offense: County / City / State of conviction: \_\_\_\_\_

Are there any felony charges pending against you? Yes No

## MILITARY HISTORY:

Have you served in the U.S. Military Service? Yes No

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

Discharge Date: Branch of Service:

Rank or Rating:

Type of Discharge:

## EDUCATION HIGH SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Graduation Status: Yes No Attending

If you have not received a high school diploma, have you passed a high school equivalency or GED test? Yes No

If yes, list location of test:

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**POST-SECONDARY:**

Please list the information of all post-secondary institutions you have attended below:

**COLLEGE, UNIVERSITY, OR SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Presently Attending? Yes No

Major(s)/Field(s) of Study: \_\_\_\_\_

Degree Conferred & Year: \_\_\_\_\_ GPA \_\_\_\_\_

Describe any education / training you have had which is not covered above, such as correspondence courses, service schools, in-service training - please give dates:

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**SPECIAL SKILLS & QUALIFICATIONS:**

List any computer software programs which you can use skillfully:

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Experience using 10-key adding machine? Yes No

List any current licenses:

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**EMPLOYMENT HISTORY:**

You may attach a resume to further explain your qualifications.

**1. EMPLOYER INFORMATION:**

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

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

Full-time Part-time Temporary

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Title of Your Present / Most Recent Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

## 2. EMPLOYER INFORMATION:

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

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

Full-time Part-time Temporary

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Title of Your Present / Most Recent Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

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### 3. EMPLOYER INFORMATION:

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

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

Full-time Part-time Temporary

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Title of Your Present / Most Recent Position: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

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## AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. Your initials and signature verify that you have read, understood, and agreed to abide by the statements below.

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I authorize my current and all previous employers to cooperate with the Village of Dryden and to release, on a confidential basis, any information they may have concerning me including any information contained in my personnel record or otherwise known by them to the Village of Dryden in connection with my application for employment. I specifically release from liability any current or former employer, its agents, representatives, employees, officers or directors for giving such information to the Village of Dryden.

\_\_\_\_\_ I understand that I will be required to successfully pass a drug test to gain employment or continue Village of Dryden. I consent freely and voluntarily to participate in required drug test(s), at a location selected by the Village of Dryden. I also consent to the release of the test(s) results to the Village of Dryden. I hereby release and hold harmless the Village of Dryden, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that the Village of Dryden maintains a drug-free and a smoke-free workplace.

\_\_\_\_\_ I understand that if certain positions have particular security requirements or if the Village of Dryden determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the Village of Dryden, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the Village of Dryden, its officers, agents, and employees from any liability, related to the performance or result of this check.

\_\_\_\_\_ Unless otherwise provided by City ordinance, if accepted for employment I agree that my status as an employee depends upon successful performance during a 90 day probationary period and that I am an "at-will" employee.

\_\_\_\_\_ I agree that any action or suit against the City, its agents or employees, arising out of my employment or termination of employment, including but not limited to claims arising under State and Federal law, (but not Federal civil rights statutes containing a separate limitations period), must be brought within 180 days of the event giving rise to the claim(s) or be forever barred.

\_\_\_\_\_ The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Village of Dryden, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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