

**Job Title:** Public Works Assistant

**Department:** Public Works

**Supervisor:** Public Works Director

### **DEFINITION**

Under general direction, this position provides parks, tree, weed, cemetery, streets and swimming pool maintenance services, operates and maintains water treatment plant and wells, and wastewater plant, along with water mains and sewer mains, and performs a variety of technical tasks relative to assigned areas of responsibility.

Performs skilled maintenance work, and operates specialized automotive and/or maintenance equipment, in addition to a wide variety of other equipment. Performs a variety of departmental maintenance duties and performs skilled work in the operation of specialized equipment and vehicles in the operations and maintenance of the Town's cemeteries, parks, streets, water and wastewater systems.

### **ESSENTIAL DUTIES**

Assist in the implementation of goals and objectives; identify maintenance problems and areas; provide park, tree, weed, cemetery, road maintenance, water and wastewater services; implement policies and procedures.

Perform park, cemetery, road repair and maintenance, water and wastewater repair and maintenance projects; select appropriate equipment and materials to complete the work according to specifications, written and/or verbal instructions, and established procedures; adapt equipment and materials to meet specific requirements of the work to be accomplished; use hand and power tools; communicate; operate some heavy equipment; drive trucks; have good depth perception; walk distances on uneven ground; visually inspect areas for safety; lift 50 pounds or more and climb ladders.

Conduct appropriate wastewater tests, take wastewater and water samples, and file reports as required.

### **JOB RELATED AND ESSENTIAL QUALIFICATIONS**

#### **Skill to:**

Operate pertinent equipment, and perform routine maintenance tasks, using a variety of hand and power tools;

Watch gauges, dials or other indicators to make sure machines are working properly.

**Ability to:**

Use a variety of hand and power tools.

Perform the variety of skills needed to perform major duties.

Establish and maintain positive working relationships with Town employees, supervisors, and the general public.

Perform strenuous manual labor under adverse conditions when necessary.

Quickly and repeatedly adjust the controls of a machine or a vehicle to exact positions.

Communicate effectively both verbally and in writing.

**KNOWLEDGE**

This position is required to possess knowledge of wastewater/water treatment, operation of heavy equipment and maintenance, materials, methods and the tools involved in the maintenance and/or repairs of structures such as street and alleys.

**PHYSICAL DEMANDS/WORK ENVIRONMENT**

Ability to sit, stand, walk, kneel, crouch, stoop, squat, crawl, twist, climb, push, pull, lift 50 - 75 lbs., distinguish color, and wear protective apparel; exposure to cold, heat, outdoors, vibration, mechanical hazards, electrical hazards, and traffic hazards.

**EXPERIENCE AND TRAINING GUIDLINES**

This position requires wastewater treatment Class 1 and water treatment and distribution certifications. Within 18 months of employment, this position is required to take and pass the Montana State Certification Exam for wastewater treatment Class 1 and begin studying for the Montana State Certification Exam for water treatment and distribution. Water treatment and distribution certification must be attained within 12 months of completing the wastewater treatment certification.

**MINIMUM REQUIREMENTS**

Graduation from a high school or GED equivalent. A valid Montana Driver's License in good standing. Montana Class B CDL license required within one year of hire.

**LICENSE OR CERTIFICATE**

Wastewater treatment Class 1 certification within 18 months of hire.

Water treatment and distributions certifications within 12 months of wastewater certification.

**ACKNOWLEDGEMENT:**

Employee: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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



# Application for Employment Last Name \_\_\_\_\_

It is the policy of the Town of Stevensville to consider applicants for all positions without a regard to race, color, religious beliefs, creed, sex, national origin, age, marital or veteran status, political beliefs, genetic information, the presence of a non-job related medical condition or handicap or any other legally protected status unless related to a bona fide occupational requirement. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment with the Town of Stevensville.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:		
Email address:	Home Phone:	Work Phone:	Cell Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do any of your relatives work for the Town of Stevensville?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at <i>the Town of Stevensville</i> ?			<input type="checkbox"/>	
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in		<input type="checkbox"/> Website		Check all that apply: Ad in newspaper
<input type="checkbox"/> Referral by employee		<input type="checkbox"/> Job Service		
<input type="checkbox"/> Other:				

## EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying. Attach additional sheet(s) if needed.					



# Application for Employment Last Name \_\_\_\_\_

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert). Attach additional sheets if necessary.

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**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Town of Stevensville reserves the right to contact all current and former employers for reference information.

<b>Dates Employed (most recent position)</b> From:        To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:        To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



# Application for Employment Last Name \_\_\_\_\_

<b>Dates Employed (most recent position)</b> From:        To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:        To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:        To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



# Application for Employment Last Name \_\_\_\_\_

References			
<i>Please list three professional references. <b>Two should be employer references</b></i>			
Full Name		Relationship	
Company		Phone	(      )
Address			
Full Name		Relationship	
Company		Phone	(      )
Address			
Full Name		Relationship	
Company		Phone	(      )
Address			

## ACKNOWLEDGEMENT

By submitting this application for employment consideration, I certify that the information provided by me in connection with my application whether on this document or not, is true and complete. I understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that I will be required to sign an authorization to release information if I am considered for employment.

If offered employment with the Town of Stevensville, I understand that I must comply with all of the Town's policies, rules and procedures.

Applicant Signature: \_\_\_\_\_

\* If application is submitted via e-mail, applicant will be required to sign this page if given the opportunity to participate in an interview.

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



**Application for Employment Last Name \_\_\_\_\_**

**VOLUNTARY EQUAL OPPORTUNITY REPORTING INFORMATION**

The information you provide on this form is collected in compliance with State and Federal law to determine if the Town’s hiring practices are discriminating against any group. The information will be separated from the application and will not be used in making any hiring decisions. Thank you for your cooperating.

<b>Position Applying for:</b>	<b>Applicant Name:</b>

**PLEASE CHECK ONE OF THE DESCRIPTIONS BELOW CORRESPONDING TO THE ETHNIC GROUP WITH WHICH YOU MOSTLY IDENTIFY:**

- White - a person having origins in any of the original people of Europe, North America or the Middle East.
- Black - a person having origins in any of the Black racial groups of Africa.
- Hispanic - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including the Pacific Islands. This are includes, for example, China, India, Japan, Korea, the Philippines or Samoa.
- American Indian or Alaskan Native - a person having origins in any of the original people of North America, South America and Central America who maintain tribal affiliation or community attachment.

**SEX:**    **MALE**                       **FEMALE**

**WHERE DID YOU LEARN OF THIS POSITION?**

- Town of Stevensville website or other online source not listed below
- Newspaper (online or printed)
- Word of Mouth
- Job Service (online or in person)
- Other (please identify) \_\_\_\_\_





# Application for Employment Last Name \_\_\_\_\_

## EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

The Montana Veterans' Public Employment Preference Act and Persons with Disabilities Public Employment Preference Act allow eligible applicants to request a hiring preference when applying for a position with a public employer. Applying for a preference is **voluntary**, and all information related to a preference will be **kept confidential**. Public Employers will only use this information during the hiring process and will maintain the information in a separate confidential file. Applicants who wish to claim an employment preference must complete and return this form along with their completed employment application.

Applicants requesting preference must provide the appropriate documentation along with their application to verify eligibility.

Contact the local Job Service Workforce Center for details on veterans' preference or the local Montana Vocational Rehabilitation Services Office for details on obtaining a disability preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

**A Veteran**, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran**, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him or her from working.

**The unremarried surviving spouse of a veteran or disabled veteran.**

**The mother of a veteran**, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

DD-214 showing the character of discharge

Service-connected disability letter

DPHHS Disability Certification

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

**SIGNATURE** (typed or written):

**DATE SIGNED:**