

TOWN OF PE ELL



P.O. BOX 215
111 S. MAIN STREET
PE ELL WA 98572
PHONE: (360) 291-3543
FAX: (360) 291-3919

UTILITY MAINTENANCE

Wage Scale: \$2808-\$3250, wage increase on Union Pay Scale

Full-time Position

Non-Exempt Status

Benefits Package: Medical, Dental, Vision, Vacation, and Union pension

Open Until Filled

Summary

The Utility Maintenance position primary responsibility is to provide assistance to the Water/Sewer Superintendent at the Water and Wastewater Treatment facilities, maintaining Town property and providing assistance to the public, Town staff, and others, as needed.

Essential Duties and Responsibilities

- Testing at both treatment facilities
- Required Maintenance at both treatment facilities
- Ability to respond 24 hrs./day for treatment plant alarms and/or emergencies
- Water meter readings
- Water service installation
- Distribution system repair
- Sewer service installation
- Collection system repair
- Street Maintenance and Repair
- Park, Cemetery, and Facility Maintenance and Repair

This is a general description of the day-to-day operations of the Town, more tasks may be required by the Town Mayor.

Education and Experience

Minimum Qualifications

- High School Graduate or GED equivalent
- Valid Washington State Driver's License
- Must be willing to study and pass certifications in Water and Wastewater through the state of Washington.

Knowledge, Skills, and Abilities

Knowledge

- Principles and procedures of facility maintenance.
- Principles and practices of municipal budget preparation and administration.
- Principles of supervision, training, and performance evaluations.
- Pertinent Federal, State, and local laws, codes, and regulations.

Skills

- Organize, set priorities, and exercise sound independent judgment within areas of responsibility.
- Operate a computer, using word processing, spreadsheet, database software, and other standard office equipment.
- Communicate clearly and effectively, both orally and in writing.

Abilities

- Establish and maintain effective professional working relationships with elected officials, other employees, and the general public.
- Ensure mandated quality standards are obtained
- Identify and respond to community issues, concerns, and needs.
- Research, understand, interpret, explain and comply with laws, regulations and policies governing water/wastewater operations.

Tools and Equipment

Operate a variety of Yard tools including by not limited to:

- Lawn mower
- Weed eater
- Power saw
- Small power tools
- Safety Equipment
- Other job-related equipment

Physical Requirements

The physical demands described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

- Maybe required to sit or stand for extended periods of time.
- Maybe required to frequently stand and walk.
- Occasionally required to stand and reach with arms and hands, climb, balance, stoop, kneel, crouch, bend, or crawl.
- Vision abilities include close, distant, color and peripheral vision, depth perception and the ability to focus.
- Ability to lift or move objects up to and over 30 lbs. frequently.

Work Environment

The Work Environment described here are representative of those an employee encounters while performing the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Work outdoors in a cold and wet or hot and dry environment.
- Work generally involves concentration and attention to detail.

Hours of Work

- The Town's standard work week is Monday through Friday from 7:00 am to 4:00 pm with a one-hour lunch period or 7:30 am to 4:00 pm with a half hour lunch. Due to the nature of the Town's operation, longer hours may be necessary in some instances.
- Occasional attendance at Town sponsored events outside of normal working hours is required.

Disclaimer: The duties listed above are intended only as illustrations of the various types of work that may be performed. The Omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

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Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions of this job. Check the appropriate box and fill in the appropriate accommodations, if required, then sign and date.

- I have read and understand this job description and acknowledge that I am able to complete the essential functions of my job without accommodations.
- I have read and understand this job description and I would require the following reasonable accommodations to fulfill the essential functions of this job:

*To reasonably accommodate an applicant this signed and dated form **MUST** be submitted with an Employment application.*

Applicant Signature

Date

Mayor Signature

Date

Town Clerk Signature

Date

Employee Background Check Authorization Form

1. Employee Agreement and Release. _____ (hereinafter referred to as the Employee), hereby certifies that all information provided here for the purpose of employment is true and complete to the best of their knowledge. The Employee understands that falsification of any information on company documents may lead to denial of employment or termination.

The Employee understands that investigative background inquires will be made about me that can include consumer credit, education verification, criminal convictions, motor vehicle records check, workers' compensation, and others. These reports will include information as to the Employee's character, general reputation, work habits, performance, and experience, along with reasons for termination of employment from previous employers.

The Employee authorizes any party or agency contacted by _____ (hereinafter referred to as the Employer) to furnish the above-mentioned information prior to or at any time during their employment. The information on this form will be used solely for the purpose of conducting background checks to determine employment eligibility and will be maintained in a confidential file, separate from the general personnel file.

The Employee agrees that any copy of this document is as valid as the original.

2. Employee Information and Signature. The Employee understands that to aid in the proper identification of their file or records, the following information is necessary:

_____	_____	_____
Name	Sex	Date of Birth

Mailing Address		
_____	_____	
Social Security Number	Driver's License Number	
_____	_____	
Employee's Signature	Date	

3. Employee Request for Records.

If the Employer obtains records from a consumer reporting agency the Employee would like to receive a copy.

If the Employer obtains records from a consumer reporting agency the Employee would not like to receive a copy.

4. Applicant Data for Background Checking Purposes.

1. What position is the Employee applying for?

2. Has the Employee lived in any state(s) or countries other than the one they currently reside in?

Yes (list the states and countries below)

No

_____ State _____ From _____ To

_____ State _____ From _____ To

_____ State _____ From _____ To

3. Does the Employee have a valid driver's license issued in any state other than the state they currently reside in?

Yes (list the states and driver's license numbers below)

No

_____ State _____ Driver's License Number

_____ State _____ Driver's License Number

_____ State _____ Driver's License Number

4. Is the Employee known by any other name?

Yes (list the names below)

No

Other Name

Other Name

Other Name

Other Name

Other Name

Other Name

5. Has the Employee ever been issued or used another Social Security number?

Yes (list the numbers below)

No

Other SSN

Other SSN

Other SSN

Other SSN

Other SSN

Other SSN

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For					Date of Application	
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

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