JOB ANNOUNCEMENT

The Shelby County Board of Commissioners is seeking to fill the following position within the Shelby County Sewer District:

Operations and Maintenance Worker I

This position is under general supervision of the Sewer District Director assisting in the operation and maintenance of the county sewer and water district. This is an entry level position. Pump maintenance and electrical experience desired but not required. Water and/or Wastewater Operator's License desired but not required. Salary will be commensurate with licensure and experience. Shelby County offers Competitive Wages, Health Care and Retirement. Interested persons may obtain position description and application at the following locations: Shelby County Commissioners' Office, 129 East Court Street, Sidney, Ohio 45365 or at the Shelby County Sewer District Office located at 3475 Canal Road #1, Minster, Ohio 45865. Online Applications will be available on the County's website at https://co.shelby.oh.us/. Applications may be submitted at 129 East Court Street, Sidney, OH 45365 prior to 11:30 A.M. on July 5. You may email the application to tshuster@shelbycountyengineer.com. Notice of receipt will be given to all emailed applications.

SHELBY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Employee Name: Position Title: Operations and Maintenance

Worker I

Dept./Division: Water and WastewaterReports to:DirectorEmployment Status: Full-timePay:By Resolution

FLSA Status: Non-Exempt Civil Service Status: Classified

JOB RESPONSIBILITIES:

Under general supervision, assists in operation and maintenance of the county sewer and water district in water/wastewater treatment collection and distribution system; operates heavy equipment to perform system construction, maintenance and repair duties etc.; and maintains the district office building and grounds.

QUALIFICATIONS: An example of acceptable qualifications

Any combination of training and work experience which indicates the possession of the knowledge, skills and abilities listed in this description.

LICENSURE OR CERTIFICATION REQUIREMENTS:

Must possess and maintain:

Valid State of Ohio Driver's License

Desired but not required certifications:

Valid State of Ohio Class I Water Treatment License

and/or Valid State of Ohio Class I Wastewater Treatment License

EQUIPMENT OPERATED: The following are examples only and are not intended to be all inclusive:

Backhoe; skid-steer; dump truck; snow plow; mower; tractors; air compressor; generators; pumps; power tools; sewer jet, portable pump; cell phone; two-way radio.

INHERENTLY HAZARDOUS OR PHYSICALLY DEMANDING WORKING CONDITIONS:

The employee has exposure to chemical compounds found in an office environment (e.g., toner, correction fluid, etc.); works in the vicinity of floor or wall openings, elevated platforms, and/or runways; ascends and/or descends ladders, stairs, or scaffolds; works in a confined space; works in an area in which means of egress is or can be obstructed; works on and around powered platforms and/or vehicle mounted platforms; is exposed to environmental conditions which may result in injury from fumes, odors, dusts, mists, gases, and/or poorly ventilated work areas; exposed to possible injury from extremely noisy conditions above 85 db; exposed to possible injury from hazardous gases, chemicals such as pesticides and herbicides, flammables, air contaminants, unclean or unsanitary conditions, electrical shock; works with moving mechanical parts of equipment of machines; exposed to possible injury from explosions and/or from falling

from high places; has contact with potentially violent or emotionally distraught persons or vicious animals; has exposure to fire, hot, cold, wet, humid, or windy weather conditions; exposure to hazardous driving conditions; occasionally lifts objects 100 lbs. or less; occasionally carries objects 100 lbs. or less; occasionally pushes objects 100 lbs. or less; occasionally pulls objects 100 lbs. or less.

Note: In accordance with the U.S. Department of Labor physical demands strength ratings, this is considered heavy work.

ESSENTIAL FUNCTIONS OF THE POSITION:

- 1. Under the Sewer District Director's direction, aids in the operation of the Districts' Water Treatment Plants, Distribution Systems, Wastewater Plants and Collection Systems; aids in compliance with state and federal regulations; engages in short and long-term planning; evaluates equipment for possible replacement or upgrade.
- 2. Aids in the construction, repair and maintenance of the Districts' facilities.
- 3. Aids the department in taking samples, performing laboratory tests on water and wastewater and monitors chemical feeds.
- 4. Aids the department in maintaining records (e.g., work orders, maintenance records, etc.).
- 5. Operates various light duty motorized equipment in the service, repair, and maintenance of the District and its facilities; assists with installation, service, repair, and replacement of sewer and water lines.
- 6. Performs semiskilled tasks involving the operation of equipment such as loader, snowplow, shovel, wheelbarrow, etc.
- 7. Aids in recording of work completed, time spent, materials used, etc.; maintains tools, equipment, and supplies and performs preventative maintenance, minor repairs, and routine cleaning of department vehicles and facilities; answers calls and provides assistance to public.
- 8. Performs various other services to maintain the Districts' grounds and property (e.g., mows grass, cuts brush and trims trees, sprays weeds and applies pesticides, plants shrubs and digs flowerbeds using gardening tools, collects debris, loads and hauls dirt and stone, washes equipment, sweeps walks, picks up parts, etc.); empties trash containers; performs routine building maintenance as necessary (e.g., fixes and replaces broken doors and windows; replaces switches and fuses; repairs and replaces building brick, stone, and concrete; paints structures; replaces fixtures; cleans work area; etc.).
- 9. Subject to being on call 24 hours, seven (7) days a week. Will be placed on a weekend on-call rotation with other department employees as directed by the Director.

- 10. Acts as a fill in for employee absences as necessary.
- 11. Maintains required licensure and certification.
- 12. Meets all job safety requirements and all applicable OSHA safety standards that pertain to essential functions.
- 13. Demonstrates regular and predictable attendance.

OTHER DUTIES AND RESPONSIBILITIES:

14. Performs other related duties as assigned.

MINIMUM ACCEPTABLE CHARACTERISTICS: (*Indicates developed after employment)

Knowledge of: *District's policies and procedures; safety practices and procedures; OSHA regulations; *OEPA certification/licensure requirements; *water and wastewater plant operating procedures; *water treatment regulations; maintenance and repair; water construction, maintenance, and repair; sewer construction, maintenance, and repair; laboratory equipment and supplies; equipment, chemicals, and other materials used in custodial services; public relations; records management; program tasks, equipment, material, and procedures; customer service practices.

Skill in: operation of water treatment plant equipment; operation and wastewater treatment and collection equipment; motor vehicle operation; use and operation of heavy equipment; computer operations; power tools.

Ability to: recognize unusual or threatening conditions and take appropriate action; define problems, collect data, establish facts, and draw valid conclusions; exercise independent judgment; add, subtract, multiply, and divide whole numbers; prepare routine correspondence; prepare accurate documentation; communicate effectively; maintain records according to established procedures; develop and maintain effective working relationships; lift up to 100 pounds and move a distance of 30 yards; perform heavy manual labor for extended periods of time in often adverse conditions; travel to and gain access to work site; work safely; exhibit and maintain satisfactory work ethics and public relations.

This position description in no manner states of responsibilities to be performed by the position have reviewed and understand the contents of	on incumbent. My signature below signifies that I
(Signature of Appointing Authority)	(Date)
(Employee Signature)	(Date)

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 1 OF 7

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

SECTION I – PERSONAL INFORMATION

Name:	······						
Last	First		MI	Social So	ecurity#		
Street Address	City	State	Coun	ty Z	ip Code		
Home Telephone #		_		\overline{v}	Vork Telep	hone #	
Are you at least 18 y	ears of age?					□ Yes	□ No
Are you prevented fi County because of V	•		loyed by	this		□ Yes	□ No
Proof of ci	tizenship or imr	nigration sta	itus will b	e required	upon empl	oyment.	
Best time to contact	you by phone at	: Home			Work		***************************************
	SECTIO	ON II – WOI	RK PREF	ERENCES			
Position(s) applied for	or	_		Date of A	Application	 	
Are you applying for	:: □ Full	-time work	□ Part-	time work	□ No pr	eference	
Are you interested in	ı:						
☐ Permanent☐ Seasonal v		☐ Intermite] Tempora	ry work	
Are you currently on	"lay-off" status	and subject	to recall?	?		□ Yes	□ No
Minimum salary exp	ectation:		Date ava	ilable to sta	art:		

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 2 OF 7

SECTION III – EMPLOYMENT HISTORY (In chronological order beginning with the most recent):

1.	Dates Employed:	Your Job Title:
Employer's Name	From:	Beginning:
Street Address/City/State/Zip	Month/Year	End:
Succe Address/City/State/21p	To:	Your Salary:
Supervisor's Name	Month/Year	Beginning:
		End:
Describe your duties, responsibilities	es, equipment operated,	etc., for position(s) held:
Describe your reason(s) for leaving		
2.	Dates Employed:	Your Job Title:
	1 "	1001 000 1100.
Employer's Name		Beginning:
	From: Month/Year	
Employer's Name Street Address/City/State/Zip	From: Month/Year	Beginning:
	From:	Beginning:
Street Address/City/State/Zip	From: Month/Year To:	Beginning: End: Your Salary:
Street Address/City/State/Zip	From: Month/Year To: Month/Year	Beginning: End: Your Salary: Beginning: End:
Street Address/City/State/Zip Supervisor's Name	From: Month/Year To: Month/Year	Beginning: End: Your Salary: Beginning: End:

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 3 OF 7

3.	Dates Employed:	Your Job Title:	
Employer's Name	T	Beginning:	
Street Address/City/State/Zip	From: Month/Year	End:	
Supervisor's Name	To: Month/Year	Your Salary: Beginning:	
		End:	
Describe your duties, responsibilities	es, equipment operated,	etc., for position(s) held:	

Describe your reason(s) for leaving:			
4.	Dates Employed:	Your Job Title:	
Employer's Name	_	Beginning:	
	From: Month/Year	End:	
Street Address/City/State/Zip		Your Salary:	
Supervisor's Name	To: Month/Year	Beginning:	
		End:	
Describe your duties, responsibilities, equipment operated, etc., for position(s) held:			
Describe your reason(s) for leaving:			

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 4 OF 7

SECTION IV - EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	123456789101112	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:		<u> </u>	1
Please describe the courses which you feel would help yor equipment you operate, haskills, etc.):	ou perform the job for which	you are applying (e.g., special machines
		······································	
	SECTION V - MISCELLA	NEOUS	
(The following information w for which you are applying)	ill be used only if it is direct	ly related to the clas	ssification/position
Have you ever been employed of the state of Ohio?	in the state or county service	e	□ Yes □ No
If you answered "Yes" to the l	ast question, please explain:		

	QUAL OPPORTUNITY EMPLOY EMPLOYMENT	ER APPLICATION	PAGE	5 OF 7
Have	you ever filed an application here before	re?	□ Yes	□ No
Have	you ever been employed here before?		□Yes	□ No
1.	Do you have any commitments (i.e., or adversely affect your employment			
	If yes, please explain:			an and annual for the will be and an an above an annual annual and an annual annual and an annual an
2.	Do you possess a valid driver's licen If no, can you obtain one prior to em		Yes Yes	No
3.	Are you a resident of Ohio?		Yes	No
	How long? Years Mont	hs		
	SECTION '	VI – REFERENCES		
~	e give the name, address, and phone n know of your skills for this position]:	• •	erences not related to y	you who
Name	Addres	SS .	Phone	-
Name	Addres	S	Phone	_
Name	Addres	'S	Phone	_

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 6 OF 7

****	**************************************
YOUR OF E. PARA CONT	SE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS ACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH GRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, ACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.
	PLEASE READ CAREFULLY
1.	I understand and accept that if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.
	INITIALS
2.	If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.
	INITIALS
3.	I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
	INITIALS
4.	I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that I may need to be fingerprinted. Therefore, I understand and accept that it is necessary for the employer to investigate my background for any criminal or unlawful activity.
	INITIALS
5.	I understand and accept that the Employer utilizes direct deposit as a method of issuing paychecks. I further acknowledge that, as a condition of employment, I will be required to participate in the direct deposit program, if employed.
	INITIALS

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

PAGE 7 OF 7

6.	I hereby authorize the employers, schools, and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.
	INITIALS
7.	I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SHELBY COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.
	INITIALS
correct	y declare that the information provided by me in this application for employment is true, and complete to the best of my knowledge. I understand that, if employed, any ement or omission of fact on this application shall be considered cause for dismissal.
I autho	rize you to obtain information through contacts with my former employers and references bove.
a perio	stand this application will remain in the active application file and be considered only for d of 180 days, after which I must submit a new application if I wish to continue to be cred for employment by Shelby County.
EMPLO OF M CONTA MISRE LEAD FOLLO WITH	EMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS DYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST Y KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AINED IN THIS APPLICATION. I UNDERSTAND THAT ANY EPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION DWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, AL DRUG USE, OR ALCOHOL ABUSE.
Applica	ant's Signature Date