

TOWN OF YORKTOWN, INDIANA

JOB DESCRIPTION

Field Operations Laborer – Street Department

Under general supervision; performs semi-skilled and manual labor tasks associated with the construction, maintenance, and repair of streets and storm water collection system, and performs related duties as required.

Examples of Essential Functions

Essential functions may include, but are not limited to, the following:

- Performs construction, maintenance, and repair work on town streets, including patching roads, installing culverts; repairing road shoulders; clearing roads, ditches, and culverts of debris and snow; cutting and clearing brush and trees.
- Repairs and replaces fence posts; spreads gravel, sand, and asphalt.
- Operates a variety of equipment including pickup trucks, jackhammers, power and chain saws, painting equipment and sewer cleaning equipment.
- Performs construction, installation, and maintenance on storm water collection systems.
- May inspect and clean sewer lines; makes service connections to sewer mains; installs and repairs sewer mains; aligns and sets pipe; installs sewer pipes; performs routine concrete work.
- Performs heavy manual labor work as assigned.
- May maintain routine records of work performed, materials and supplies used, and inventory of supplies.
- Learns and assists in the maintenance of lawns, shrubbery, and trees including planting, watering, trimming, mowing, edging, fertilizing, and weed and pest control; operates trucks, mowers, and other light equipment.
- Assists in the preparation of areas for planting by clearing, grading, fertilizing, and watering.
- Provides custodial services for facilities, including cleaning and repairing floors, restrooms, and removal of trash.
- Performs related duties as required.

Knowledge Skills and Abilities

- Good knowledge of the methods, practices, and techniques used in constructing, maintaining and repairing streets, and waste water systems; methods and techniques used in operating and maintaining equipment used for streets, and waste water systems maintenance and repair; and safe work practices.
- Ability to perform heavy manual labor, read and interpret blueprints and sketches; operate and maintain public works maintenance equipment; prepare and maintain records of work done and materials and supplies used; work safely and efficiently; understand and follow verbal and written instructions; establish and maintain cooperative working relationships with Town staff and the public.

Physical Characteristics

Vision sufficient to read instruments and equipment specifications; sense of smell sufficient to smell odors associated with waste water hazards; hearing sufficient to hear verbal instructions and normal conversation; mobility to walk, sit, climb, balance, stoop, kneel, crouch or crawl; dexterity sufficient to operate manual and power tools, light and heavy duty equipment, and other equipment utilized in the course of work; strength sufficient to lift and move heavy items weighing up to 25 pounds on a frequent basis and occasionally lift and/or move up to 100 pounds; endurance sufficient to maintain efficiency on the job and stand as necessary for extended periods of time.

Working Environment:

Primary work environment is outdoors in a wide range of weather conditions with temperatures ranging from below 50 degrees to above 100 degrees. Employees are exposed to loud engine noises, dust, vibrations, and unpleasant sewage and debris odors. Employees may be required to work during evenings, weekends, and holidays on a call-out basis.

Licenses

Must have a valid driver's license. Must maintain a satisfactory driving record.



Please **type** or **print** responses to all of the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

Employment History and Work Experience

Please list all employment history and work experience beginning with your current employer. Use additional sheets if necessary.

Current Employer: _____
(enter none if unemployed)

May we contact your current employer? Yes _____ No _____

Employer's Address: _____

Supervisor: _____ Phone: _____

Hire-In Date: _____ Separation Date: _____

Job Title: _____ Reason for Leaving: _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ per _____ End Salary: _____ per _____

Previous Employer _____

May we contact your previous employer? Yes _____ No _____

Employer's Address: _____

Supervisor's Name: _____ Phone: _____

Hire - In Date: _____ Separation Date: _____

Job Title: _____ Reason for Leaving: _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ per _____ End Salary: _____ per _____

Next Previous Employer: _____

May we contact your current employer? *Yes* _____ *No* _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

Next Previous Employer:

May we contact your current employer? *Yes* _____ *No* _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

Next Previous Employer: _____

May we contact your current employer? *Yes* _____ *No* _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High School Attended: _____

Address: _____

Graduate: yes _____ no _____ GED: _____

Activities, Awards, Sports, Clubs: (You may exclude any that may indicate race, color, religion, gender, age, national origin, or disability):

College or Trade School: Address: Attendance Dates:

Graduate: yes _____ no _____

Degree Earned: _____

Area of Study: _____

Activities, Awards, Sports, Clubs: (You may exclude any that may indicate race, color, religion, gender, age, national origin, or disability).

Graduate School: Address: Attendance Dates:

Graduate: yes _____ no _____ Degree: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

MILITARY HISTORY AND STATUS

Have you ever served in the military on active duty? Yes _____ No _____
(Include initial active duty training with the National Guard and the Reserves.)

(If yes, attach a copy of your DD214)

Military Branch

Dates of Service
From: To:

Highest Rank Attained
and Rank at Separation:

List any Citations and Awards received:

PROFESSIONAL OR SPECIALIZED TRAINING

Type of Specialized Training: _____

Do you currently hold any type of Professional License, or Certificate? __Y __N

List	Issuing				
Type:	State:	Authority:	License #:	Issue Date:	Expire Date:

If above license was not issued in Indiana, have you applied for an equivalent Indiana license? Yes _____ No _____ Date Applied: _____

Has your above stated license ever been suspended, revoked or terminated?
Yes _____ No _____

If yes, please explain: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.) (List any licenses or permits you currently hold that have not been listed previously.)

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position?

Yes _____

No _____

If yes, please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

Please explain, if yes to either of the above:

REFERENCES

Please List four References who are not related to you are not former employers or supervisors:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICANT CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents of conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. *I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.*

Initials _____

2. *I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.*

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 _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT REQUIREMENTS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

TOWN OF YORKTOWN
BACKGROUND INVESTIGATION FORM
AUTHORIZATION TO CHECK DRIVING RECORD

This is to inform you that as part of our procedure your employment application or in making application for employment, an investigation will be made whereby information will be obtained through a computer criminal records check from the National Crime Information Center (NCIC) and the Indiana Data Communication System (IDACS), Child Abuse Registry, court records, credential verifications, and reference verifications through personal interviews with neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to the existence of a criminal record, your character, general reputation, personal characteristics, and mode of living. Criminal convictions other than felonies are not an absolute bar to employment, and will be considered with respect to the specific requirements of the job for which you are applying.

The nature of services provided by the Yorktown Police Department requires that such information obtained through this background investigation be handled in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only by a qualified Recipient. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Consumer reports may be obtained as part of employer's evaluation of my job application and/or employment. The reports may be procured by First Merchants Insurance Services, and may include my driving record, and assessment of my insurability under the company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize this company to procure such reports and additional reports about me from time to time, as it is deemed appropriate to evaluate my insurability or for other permissible purposes.

Understood and Agreed:

(Applicant's Signature)

(Date)

.....

IDENTIFICATION INFORMATION

The following questions are necessary to obtain accurate information and verification of your identity on the NCIC/IDACS computer systems, and will not be used for any other purposes.

Please Print.

Date: _____

1. Legal Name:

(Last) (First) (Middle)

2. Maiden Name: _____

3. Previous Names: _____

4. Social Security #: _____ 5. Date of Birth: _____
(Include copy of Birth Certificate for verification) (Mth)(Day)(Year)

6. Birth Place: _____, _____ 7. Sex: Male ___ Female ___
(City) (State)

8. Ethnic Group: Caucasian ___ Black ___ Asian ___ Hispanic ___ American
Indian ___

9. Driver License #: _____ State: _____

10. Have you ever been arrested for any incidents involving your past driving history? Yes ___ No ___

I authorize Town of Yorktown to obtain my driving record from the Bureau of Motor Vehicles.

Yes ___ No ___

In signing this document, you testify that the above information is true and correct.

(Signature of Applicant)

(Printed name)

(Date)

