

Position: Wastewater Treatment Plant Operator

The Utilities Department, City of Greencastle is accepting applications for the position of Class II Wastewater Operator. Applicants must be at least 18 years of age, possess a high school diploma or a GED equivalent, possess a valid Indiana Class B CDL Driver's License, or meet the requirements to obtain a CDL within 90 days of hire date. Mandatory overtime and being on call are also a requirement of this position.

Working conditions

The successful candidate must have the ability to climb height up to 40 ft and depths to 30 ft, be able to lift up to 50 lbs., kneel and stoop to work on equipment at ground level, exposure to environmental conditions such as rain and snow, with regular contact with the wastewater and the cities collections system structures and equipment.

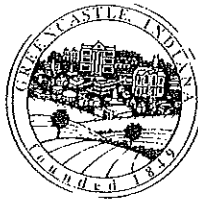
This position requires contact with a variety of equipment, including but not limited to, the operation and maintenance of equipment such as pumps, pipes, valves and rotating equipment in connection with the movement and processing requirements for a Class III Wastewater Treatment Facility, and Collection System.

Job Knowledge

Candidates with a Class I Wastewater Certification will be given consideration for filling this position. The successful candidate must have the ability to communicate effectively and work in the absence of a supervisor on a regular basis after training is provided. Candidates must also have basic computer skills, the ability and skills needed to obtain a Class II Wastewater Certification within 24 months of employment and the ability to operate a Sewer Jet/Vactor Truck and a Sewer Camera.

The salary for this position will be in the range of \$23,500 to \$36,360 annually. **Compensation will be based on Wastewater Certification level and experience.** (Please submit your salary requirements when applying). Applications may be picked up at Greencastle City Hall, One North Locust Street, Greencastle, IN 46135. Applications are due at City Hall no later than 4:00 P.M. Monday, July 6th, 2015. The City of Greencastle is an Equal Opportunity Employer which does not discriminate on the basis of race, color, religion, sex, national origin, disability, age or other unlawful bias.

City of Greencastle



City Hall
 PO Box 607
 1 North Locust Street
 Greencastle, IN 46135

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card/Work Permit Card)		_____	
		FIRST	MI LAST
SOCIAL SECURITY NUMBER		_____	
ADDRESS		_____	
CITY, STATE, ZIP		_____	
HOME TELEPHONE	MESSAGE CONTACT	Name	Area Code Number
DAYTIME TELEPHONE	ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER NAMES YOU HAVE USED:		_____	
POSITION APPLIED FOR:	SALARY REQUIREMENTS:	\$	_____
REFERRED FOR THIS POSITION BY:	DATE AVAILABLE:	_____	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? _____ DEPARTMENT: _____			
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Give location, date, charge and disposition of case(s) on a separate page		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# _____ STATE _____	
CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: _____ To: _____
 Branch of Service _____
 Dates Served _____ Type of Discharge _____

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With the Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE
Exclude memberships that indicate your race, religion, color, ancestry, sex, age, disability or veteran status				

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
START _____ FINAL _____ OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
START _____ FINAL _____ OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
START _____ FINAL _____ OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
START _____ FINAL _____ OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
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FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER _____ YOUR SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY
START _____ FINAL _____ OTHER COMPENSATION, BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____	TO (Mo/Yr) _____	TOTAL _____ YRS _____	MOS. YOUR POSITION _____
EMPLOYER _____		YOUR SUPERVISOR _____	
ADDRESS _____		PHONE _____	
TYPE OF BUSINESS _____		REASON FOR LEAVING _____	
BASE SALARY _____ / _____		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	
START _____	FINAL _____	OTHER COMPENSATION, BONUSES _____	
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____			

FROM (Mo/Yr) _____	TO (Mo/Yr) _____	TOTAL _____ YRS _____	MOS. YOUR POSITION _____
EMPLOYER _____		YOUR SUPERVISOR _____	
ADDRESS _____		PHONE _____	
TYPE OF BUSINESS _____		REASON FOR LEAVING _____	
BASE SALARY _____ / _____		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY	
START _____	FINAL _____	OTHER COMPENSATION, BONUSES _____	
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____			

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <div style="text-align: center;">(No Relatives)</div>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <div style="text-align: center;">(No Relatives)</div>
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <div style="text-align: center;">(No Relatives)</div>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DAYTIME PHONE _____ RELATIONSHIP _____ <div style="text-align: center;">(No Relatives)</div>

EMERGENCY CONTACT

NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	BUSINESS PHONE _____

AUTHORIZATION AND AGREEMENT

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory references checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in the application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS

SIGNATURE OF APPLICATE _____ DATE _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, The City of Greencastle may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for
Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

Printed Name

Applicant Signature

Date