Town of Weaverville

DEPARTMENT OF PUBLIC WORKS

Water Treatment Plant Operator

GENERAL RESPONSIBILITIES

The primary duties of the employee holding this position will be the operation of the Ivy River Water Treatment Plant as directed by the Water Plant Supervisor. These duties include the direct operation of the plant and laboratory, record keeping and miscellaneous duties as required by the Department, and miscellaneous equipment and grounds maintenance duties.

QUALIFICATIONS

Education & Training: (A) High School Diploma or equivalent with specialized course work in science such as biology, general science, physics, etc. (B) two (2) years post secondary college or technical training in biology, environmental science, chemistry, or a closely related field and (C) six (6) months experience operating an A-Surface water treatment plant or, (D) any equivalent combination of related education and experience.

Special Knowledge Requirements:

- A. Current minimum C-Surface Certification issued by North Carolina Water Treatment Facilities Operators Certification Board.
- B. Ability to communicate effectively verbally and in writing; ability to handle stressful situations.
- C. Working knowledge of equipment, facilities, materials, methods and procedures used in water treatment plant maintenance and operation activities; familiarity with laboratory procedures and practices.
- D. Familiarity with the operation of personal computers.
- E. Valid N.C. Drivers License.

SALARY & JOB REQUIREMENTS

<u>Position Assignment, Working Hours and Salary:</u> This employee will work under the Water Plant Supervisor on an hourly basis. This position is a Pay Grade 16 with a starting range of Step 1 through 15 depending upon qualifications and experience. The normal work week for Water Plant Operators vary with a minimum regular work week of forty (40) hours. Plant Operators work on a schedule determined by the Water Plant Supervisor. This position is non-exempt and is eligible for overtime pay. It should be understood by the applicant that this job will require work after normal hours and on rotating schedules as may be required to meet water demand.

<u>Physical Requirements:</u> Must be able to perform the basic life operational functions of reaching with hands and arms, climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing and performing repetitive motions. Employee must frequently lift and/or move objects up to 50 pounds and occasionally lift and/or move objects up to

100 pounds. Must possess visual acuity to determine the accuracy of treatment processes and laboratory analysis.

Environmental Conditions: Work occurs inside and outside. Must be able to withstand exposure to a variety of environmental conditions and varying outdoor temperature and humidity conditions.

<u>Personnel System and Benefits:</u> Applicant is referred to the Town <u>Personnel Policy</u> (Ordinance) for specific conditions of employment, vacation, fringe benefits, etc. (A copy is available in the Town Hall and/or Public Works Facility for review).

<u>Drug Free Workplace:</u> The Town of Weaverville has a vital interest in maintaining safe, efficient working conditions. Being at work under the influence of alcohol or illegal drugs is not permitted. All potential Town employees must submit to a drug test and pass the test as outlined in Article XI of the *Personnel Policy* before a job offer can be made.

Name							_		
	(L	ast)	(First)			(Midd	le)		
2.	Present Mailin	g Address	(Street & No.)	(City)	(State	e &	Zip)	
3.	Permanent Mail	ing Address _	(Street & No.)	(City)	(Stat	e &	Zip)	
١.			Bu						
•	Social Securit	y Number							
	Are you betwee	n the ages of	18 and 65?		Yes		No		
7.	When will you be available for employment?								
	If you are pre notice require		ed and must give r	notice plea	se state	amount	of		
8.	Have you ever	been employed	by the Town of We	eaverville?	Yes		No		
	If "Yes", give	dates: From _		То					
	Reason for leaving:								
θ.	Do you have a	valid North Ca	arolina drivers li	cense?	Yes		No		
	License Number		Class/Endors	sements					
.0.	May inquiry be	made regardin	ng your driving re	ecord?	Yes		No		
11.	Are you relate	ed by blood or	marriage to any	person now	employed	d by the	∍ Tc	wn or	
	member of the	Weaverville To	own Council.		Yes		No		
	If "Yes", expl	ain relationsh	nip:						
2.	Education								
	SCHOOL LEVEL	NAME AND AD	DRESS OF SCHOOL	CIRCLE LAS YEAR COM		DID YOU GRADUA			
	High School			9 10 11	12		_		

	Other								
	(Specify)								
13.	Military Service Record								
13.	Were you in the U. S. Armed Forces? Yes \square No \square								
	If "Yes", what Branch?								
	Discharge Date & Rank:								
	List any special military training which may help qualify you for this job:								
	Are you presently a member in the National Guard/Reserves? Yes \Box No \Box								
14.	Do you have a current SURFACE Operators Certification? Yes \Box No \Box								
	Class Certificate No Date Originally Issued								
	Questions 15 through 18 use additional sheets if required. Please read all questions re beginning.								
15.	List any specific courses of training (schools, seminars, etc.) you have completed in the field of water treatment, laboratory analysis and water treatment equipment maintenance (pumps, instrumentation, etc.) Include the name of the course, instructor and dates attended. List actual work experience at question 16 below.								
16.	List all of your experience in the field of water treatment plant operation including								
	in detail your experience in the operation of an A-Surface facility. Include the name of former employers where you may have been employed in this field and the dates of your employment. List laboratory experience at question 17 below.								
17.	List all of your experience in the field of laboratory analysis of drinking water. Include the name of former employers where you performed laboratory duties and a complete description of said duties.								

spec	List any specific experience or training you have in operating computers. specific word processing, spreadsheet, or other computer programs in which y proficient.						
	any other experience or training	which y	rou fee	el hel	ps quai	lify }	you fo
requ	aired by your employer?						
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		Description of work:							
	C.								
		Address							
		Title of position held: Starting Date:							
		Leaving Date: Supervisors Name:							
		Starting Weekly Salary: Final Weekly Salary:							
		May we contact your supervisor? Yes \square No \square Phone							
		Description of work:							
		Reason for leaving:							
22.	A. B. C.	NCES: If you wish to list references, list persons who are not related to you who have knowledge of your qualifications for this position. Do not repeat names of supervisors you have listed under Employment Record in this application. Name Address Phone Name Address Phone Name Address Phone Title Phone Address Phone							
CERTI	"I CERT OF TH MY KN GROU I HERE GIVE Y THEY N RESUL"	OF APPLICANT THAT I HAVE READ AND UNDERSTAND THE GENERAL RESPONSIBILITIES, QUALIFICATIONS, AND REQUIREMENTS POSITION AND THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF WLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE SO FOR DISMISSAL. AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO JANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION Y HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY ROM FURNISHING SAME TO YOU. STAND AND AGREE THAT I MUST SUBMIT TO A URINALYSIS DRUG SCREENING IN ACCORDANCE WITH THE TOWN NEL ORDINANCE BEFORE I WILL BE OFFERED EMPLOYMENT TO THIS POSITION."							
DATE		SIGNATURE							

May we contact your supervisor? Yes \square No

Phone ____