

## CITY OF WAVERLY

### POSITION DESCRIPTION

Title: Maintenance Worker I

Supervision Received: Maintenance Supervisor, Senior Maintenance Workers and City Council

#### POSITION PURPOSE

To assist in performing general work in the daily operation of general maintenance activities, as well as perform a variety of maintenance and construction activities on city streets, alleys, sewers, waterways, and parks and public areas. Assistance with utility repairs and special tasks is required of this position as well. This position will require possession of the ability to acquire a Class B Driver's License.

#### POSITION RESPONSIBILITIES AND TASKS

Responsibility 1: Assist with the maintenance and repair of streets and roads so that safe and reliable public transportation routes are available.

Representative Tasks: Assist with the patching of potholes, filling of cracks, plowing streets and roads, hauling snow, spreading sand and salt where necessary, uncovering of fire hydrants.

Responsibility 2: Assist with the maintenance of public areas so that a safe and pleasant image is presented to the public.

Representative Tasks: Mow grass at parks, in ditches, and around the water tower, trim and remove brush and trees, clean gutters and remove debris from culverts, paint curbs, signs, maintenance of buildings, and other duties as assigned.

Responsibility 3: Assist with the maintenance of park facilities so that a clean and professional image of park areas is presented for public use.

Representative Tasks: Assist with the performance of maintenance duties such as spring opening, summer operations, and fall shut down of park facilities. Assist with maintenance tasks of park facilities include maintenance of playground equipment and area, installation and removal of docks and buoys at the beach, garbage and debris clean up, maintain and repair restroom facilities as needed, weed control, and tree trimming, park pavilion cleaning and maintenance.

Responsibility 4: Assist with the repair and maintenance of water and sewer lines so that safe and sanitary utilities are provided to the public.

Representative Tasks: Assist with the operation of sewer line cleaning equipment, flushing of hydrants, flushing of sewer lines, cleaning and maintenance of catch basins, lift stations, manholes, culverts, digging up and replacing and repairing lines as necessary.

Responsibility 5: Perform maintenance on city equipment and buildings so that the city's investment is protected and equipment and buildings are in a serviceable state.

Representative Tasks: Wash equipment including but not limited to mowers, tractors, trucks, loaders, backhoes, etc., grease vehicles, change the oil and filter, change spark plugs, inspect fan belts and coolant hoses, replace wiper blades, replace headlights, maintain fluid levels, detect and trouble shoot major mechanical problems and report them to the Maintenance Supervisor Senior Maintenance Worker for major repairs.

Public Relations: Work with and assist members of the public with questions and concerns as needed.

KNOWLEDGES SKILLS AND ABILITIES:

Be willing to obtain knowledge of methods and techniques of through on the job training. Knowledge of methods, materials, and equipment used in street maintenance repair and construction.

Skill in maintenance of city property and equipment.

Ability to follow basic verbal and written instructions.

Ability to work independently.

Ability to comply with and follow standard safety practices and procedures for maintenance and construction work.

Ability to perform manual labor, and to lift up to 50 pounds constantly.

LEGAL REQUIREMENTS

Valid Minnesota Class B Commercial Drivers' License or the ability to obtain a Class B license.

WORKING CONDITIONS

Work is mostly outdoors, and involves constant bending and lifting loads up to 50 pounds frequently, up to 100 pounds on occasion.

Maintenance work involves operation of heavy equipment including dump truck, snow plow, tractor, payloader, bobcat, jetter, mowers, and miscellaneous equipment. This position is on call and works 40 hours per week minimum. On call duty hours will be determined by the Maintenance Supervisor.

**CITY OF WAVERLY**  
502 Atlantic Avenue  
Waverly, MN 55390

**APPLICATION FOR EMPLOYMENT**

Position Being Applied For \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

**AUTHORIZATION AND RELEASE**

In accordance with the Minnesota Government Data Practices Act, the City of Waverly is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the City of Waverly contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Waverly. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Waverly. Failure to provide this information could result in you not being considered for employment with the City of Waverly.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Waverly. Persons with whom this information may be shared include:

1. The Wright County Sheriff's personnel administering to records collection and dissemination.
2. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Waverly.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

Informed Consent  
City of Waverly  
502 Atlantic Avenue  
Waverly, MN 55390  
(763) 658-4217

Date: \_\_\_\_\_

The following named individual has made application with this agency for employment.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print):  
\_\_\_\_\_

**Maiden, Alias or Former**(please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
Month/Day/Year

**Social Security Number** (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of Waverly for the purpose of employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Notary: \_\_\_\_\_ Dated: \_\_\_\_\_

My Commission Expires on \_\_\_\_\_.

**CITY OF WAVERLY**

**APPLICATION FOR EMPLOYMENT**

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We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attach any additional information which you believe qualifies you for the position.

Please use **INK OR TYPEWRITER**.

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1. Title or kind of work applied for: \_\_\_\_\_  
 \_\_\_\_\_ Permanent    \_\_\_\_\_ Part-time    \_\_\_\_\_ Seasonal  
 \_\_\_\_\_ Temporary    Date Available: \_\_\_\_\_

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**PERSONAL INFORMATION**

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2. Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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3. Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you live within a 15 minutes drive of the City? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you willing to relocate within a 15 minute drive? Yes \_\_\_\_\_ No \_\_\_\_\_

Prior addresses for past 10 years: \_\_\_\_\_

\_\_\_\_\_

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4. Phone #s: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

5. Drivers License No. \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

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6. If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_



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**EMPLOYMENT HISTORY -** Please list past employers beginning with your most recent employment; if necessary, list other employers on additional sheet.  
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May we contact your present employer? Yes\_\_\_\_ No\_\_\_\_ If no, please explain:\_\_\_\_\_

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Employer's Name\_\_\_\_\_ Phone No.\_\_\_\_\_

Address\_\_\_\_\_ Zip Code\_\_\_\_\_

Position Held\_\_\_\_\_ Duties Performed\_\_\_\_\_

Full-time\_\_\_\_ Part-time\_\_\_\_ Immediate Supervisor\_\_\_\_\_

Employment Dates: From\_\_\_\_\_ To\_\_\_\_\_ Last Salary\_\_\_\_\_

Reason for leaving\_\_\_\_\_

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Employer's Name\_\_\_\_\_ Phone No.\_\_\_\_\_

Address\_\_\_\_\_ Zip Code\_\_\_\_\_

Position Held\_\_\_\_\_ Duties Performed\_\_\_\_\_

Full-time\_\_\_\_ Part-time\_\_\_\_ Immediate Supervisor\_\_\_\_\_

Employment Dates: From\_\_\_\_\_ To\_\_\_\_\_ Last Salary\_\_\_\_\_

Reason for leaving\_\_\_\_\_

\*\*\*\*\*  
Employer's Name\_\_\_\_\_ Phone No.\_\_\_\_\_

Address\_\_\_\_\_ Zip Code\_\_\_\_\_

Position Held\_\_\_\_\_ Duties Performed\_\_\_\_\_

Full-time\_\_\_\_ Part-time\_\_\_\_ Immediate Supervisor\_\_\_\_\_

Employment Dates: From\_\_\_\_\_ To\_\_\_\_\_ Last Salary\_\_\_\_\_

Reason for leaving\_\_\_\_\_



**VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to evaluation points. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans' preference points, you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on action duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify; AND
2. Not be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 DEATH CERTIFICATE.

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ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered "yes", your DD214 or other documentation must be received no later than the final day the position you are applying for is officially closed.

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**Veteran's Preference Points Application**

Veteran: Self\_\_\_\_\_ Spouse\_\_\_\_\_ If spouse, veteran's name\_\_\_\_\_

Branch of Service\_\_\_\_\_ Period of Active Duty:\_\_\_\_\_

Rank at Discharge:\_\_\_\_\_ Type of Discharge:\_\_\_\_\_

Date of Final Discharge:\_\_\_\_\_ No.:\_\_\_\_\_

Are you receiving or eligible for a military pension? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a compensable service-related disability? Yes\_\_\_\_\_ No\_\_\_\_\_

Preference Requested: Veteran\_\_\_\_\_ Disabled Veteran\_\_\_\_\_

Spouse of Disabled Veteran\_\_\_\_\_ Spouse of Deceased Veteran\_\_\_\_\_

Name of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_ Supporting Documentation Attached: Yes\_\_\_\_\_ No\_\_\_\_\_

