

Class Title: Secondary Roads On-Demand Part Time Operator

Bargaining Unit: Unrepresented

Job Summary: Under general supervision, routine maintenance of the secondary road system and all related and required work. Work is on an “On-Demand” basis.

Major Duties/Performance Measures:

- Perform the duties of Equipment Operator I, Bridge Worker I and Maintenance Worker I as outlined in their respective job descriptions.
- Operate equipment and perform manual labor with respect to maintenance and/or construction of the roads in the Secondary Roads System.

Background Requisites:

Education: High School diploma or GED.

Work Experience: Two-years experience working in a roadway construction or maintenance capacity involving the use of heavy equipment.

Essential Skills: The individual must possess the following knowledge, skills and abilities or be able to explain and demonstrate that the individual can safely perform the essential functions of the job. Understands roadway construction and maintenance practices. Has mechanical knowledge of equipment and trucks associated with construction and maintenance of roads. Possess general computer skills. Is able to perform physical labor in extreme heat and cold conditions. Must be able to follow general directions and problem solve. Must possess a valid Class A CDL and medical certificate.

Supplemental Information:

Relationships: N/A

Reports To: Maintenance Superintendent or their designee

Supervises: N/A

Works With: Maintenance staff and members of the public

Physical/Environmental Conditions: Outdoors in sometimes extreme conditions. Shop work with power tools and loud equipment.

Hours of Work: As needed.

Employment Application
Winneshiek County

The position I am applying for is: _____

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone Number Email Address

Driver's License Number Do you possess a Class A Commercial Driver License (CDL)
Yes No

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about this employment opportunity?

Newspaper Job Service Friend Walk-in Website Education Institution Employee Other

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Seasonal Temporary

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No If yes, In what capacity? _____

From: _____ To: _____ Reason for Leaving: _____

What is the minimum salary that you would accept? _____

Do you have any relatives currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed. _____

Are you legally eligible to be employed in the U.S.? Yes No (Proof of identity and eligibility will be

Are you a veteran of the U.S. Armed Forces? Yes No required upon employment)

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition. _____

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree If Applicable, please include Professional License or Registry Number			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities. _____

List equipment and computer software you can operate. _____

List construction equipment previously operated if applicable to the position. _____

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

May we contact your current employer(s)? Yes No

1. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		
		Reason for leaving

2. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		
		Reason for leaving

3. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		
		Reason for leaving

4. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		
		Reason for leaving

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Winneshiek County is of an At-Will nature, which means that the employee may resign at any time and that Winneshiek County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Winneshiek County constitutes an employment contract unless a specific document to that effect is executed by Winneshiek County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Winneshiek County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Winneshiek County to provide equal treatment to all Winneshiek County employees and applicants for Winneshiek County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Addenda to job application

Veteran Status

This portion is required to be submitted with each application by Iowa Code Chapter 35C

Name of Applicant: _____

1. Are you a United States citizen? ___Yes ___No
2. Are you a citizen and resident of the State of Iowa? ___Yes ___No
3. Are you an honorably discharged veteran from the military or naval forces of the United States in any war in which the United States has been engaged, including the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, or the current conflicts in Iraq or Afghanistan? ___Yes ___No
4. Did you receive an honorable discharge? ___Yes ___No
5. If the answer to questions 1, 2, 3, and 4 is yes, please complete the following:
 - a. In which war did you serve?

 - b. In which branch of the military did you serve?

 - c. When did you enter the military? (Month, day, year):

 - d. When were you discharged from the military? (Month, day, year):

 - e. Please attach a copy of your DD214 to this job application.

The above information is true and correct.

Signature of Applicant