

Town of Lizton Job Description

Job Title: General Maintenance

Part-Time

Department: Public works

Supervisor: Council, Clerk-Treasurer

Date Prepared:

SUMMARY General maintenance duties for and in the Town of Lizton to include any and all Town properties..

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Street Maintenance: Pothole Patching, Crack Sealing, etc.
- Snow/Ice Removal: Plowing snow and salt application per Town practices.
- Street Sign Placement and Maintenance
- Town Hall Maintenance
- Mowing and Trimming of Town properties
- General Debris Clean-up on Town streets and properties.
- Prepare and submit to Council monthly activities report and hours (dates/hours) worked prior to monthly Town Council Meeting.

SUPERVISORY RESPONSIBILITIES May directly supervise personnel during maintenance activities. Carries out supervisory responsibilities in accordance with the Town's policies and applicable laws and regulations. Responsibilities include planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION and/or EXPERIENCE: High school diploma or equivalent.

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LANGUAGE SKILLS: Ability to read and interpret directions and documents such as Federal and State regulations, operating and maintenance instructions, and procedure manuals. Ability to write reports.

MATHEMATICAL SKILLS: Ability to add, subtract, multiply, and divide in all units of measure using whole numbers, common fractions, and decimals.

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REASONING ABILITY: Ability to define problems, collect data, establish facts, and draw valid conclusions. Ability to interpret an extensive variety of technical instructions in written or diagram form and deal with several abstract and concrete variables.

CERTIFICATES, LICENSES, REGISTRATIONS: Must possess and maintain a valid driver license.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Normal physical activity. While performing the duties of this job, the employee is frequently required to stand; walk; sit; and talk; or hear. The employee must occasionally lift and/or move up to 75 pounds. Specific vision abilities required by this job include close vision, distance vision and color vision.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing the duties of this job, the employee is occasionally exposed to inclement weather, high water/minor flooding or possible manmade problems. The noise level in the work environment is usually quiet however there may occurances when hearing protection is advised.

I have read and understand this job description and its relationship to the position I occupy.

Signature

Date

Printed Name



MASTER JOB APPLICATION

State Form 48245 (R4 / 6-12) / IMP 0021

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 6-1-1.

PERSONAL INFORMATION

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, are you legally allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registration number	
Date (month, day, year)			Social Security number (Please enter last four (4) digits only) XXX-XX-_____		
Name (last, first, middle)					
Present address (number and street, city, state, and ZIP code)					
Permanent address (number and street, city, state, and ZIP code)					
Primary telephone number ()			Alternate telephone number ()		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain in full. (Attach additional sheet, if necessary.)			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur			

EMPLOYMENT DESIRED

Position for which you are applying		Date you can start (month, day, year)		Salary desired	
Are you currently employed?			If so, may we contact your present employer?		
Have you ever applied to this company before?			Where?		When?
Work preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No preference					

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND CERTIFICATE, DIPLOMA, DEGREE RECEIVED
ELEMENTARY/ MIDDLE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes	
		<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> No	
HIGH SCHOOL		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Describe any special studies, skills, and experiences, or foreign language abilities that could enhance your job performance.

PHYSICAL RECORD (Do you have any physical condition which may limit your ability to perform the job for which you are applying?)

This question is voluntary, and any answers will be kept confidential.

EMPLOYMENT HISTORY (List your last four employers starting with the most recent)

Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ()		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ()		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ()		
Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
				Reason for leaving:	
Pay: \$	Per:	Name of supervisor	Telephone number ()		

MILITARY SERVICE

Branch of service	Period of active duty From	To	Rank at discharge
Describe duties / specialized training.			

ORGANIZATIONS AND VOLUNTEER ACTIVITIES (List responsibilities and offices)

REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address	Telephone Number	Business	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature	Date (month, day, year)
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