

WASTEWATER TREATMENT PLANT OPERATOR 1 POSITION: Auglaize County is accepting applications for a full-time, classified Wastewater Treatment Plant Operator 1 position OR must pass the Ohio EPA Class 1 Wastewater exam within 12 months of hire. Resume, completed application and cover letter must be mailed to the Auglaize County Commissioners, 209 S. Blackhoof Street, Room 201, Wapakoneta, OH 45895 or emailed to commissioners@auglaizecounty.org until the position is filled. Obtain application and position description at www2.auglaizecounty.org.

AUGLAIZE COUNTY

An Equal Opportunity Employer

POSITION DESCRIPTION

Cover Page 1 of 2

Agency:	Board of Commissioners	Employee Name:	
Class Title:	Wastewater Treatment Plant Operator	Position Title:	Wastewater Treatment Plant Operator I
Class Number:	83213BC	Position Number:	01:810101.0
Dept./Div.:	Sanitary Engineer	Civil Service Status:	Classified
Unit:	N/A	Employment Status:	Full-time
Reports To:	Wastewater Technician	FLSA Status:	Nonexempt
EEO Status:	(08) Service/Maintenance	DOT/O*Net Code:	954.362-010
		Normal Work Hours:	Varies by season

GENERAL DESCRIPTION:

Under direction of sanitary engineer and general supervision of wastewater technician, inspects wastewater treatment facilities to ensure proper operation of plants and equipment; operates and monitors wastewater treatment facilities in accordance with regulatory standards; collects samples, observes meters, gauges, and dials, and records readings; performs various tests to analyze wastewater content and records test results.

QUALIFICATIONS: An example of acceptable qualifications:

Completion of secondary education (high school or GED), plus six (6) months skilled maintenance experience; must obtain and maintain Ohio EPA Class I Wastewater License within 12 months of hire; or any equivalent combination of education, experience, and training which provides the required knowledge, skills, and abilities.

LICENSURE OR CERTIFICATION REQUIREMENTS:

Must possess a valid Ohio driver's license and maintain insurability under the county's vehicle insurance policy; must pass the Ohio EPA Class I Wastewater exam within 12 months of hire.

EQUIPMENT OPERATED: The following are examples only and are not intended to be all inclusive.

Motor vehicle, personal computer, printer, copier, fax machine, telephone, calculator, and other commonly utilized office equipment; laboratory equipment; instruments; pumps, valves; hand tools; field analysis equipment; safety devices; wastewater processing equipment.

INHERENTLY HAZARDOUS OR PHYSICALLY DEMANDING WORKING CONDITIONS:

Employee works in the vicinity of floor or wall openings, elevated platforms, and/or runways; ascends and/or descends ladders, stairs, or scaffolds; works in a confined space (e.g., manhole); works in an area in which the means of egress is or can be obstructed; works on and around powered platforms and/or vehicle mounted platforms; is exposed to environmental conditions which may result in injury from fumes, odors, dusts, mists, gases, and/or poorly ventilated work areas; is exposed to possible injury from extremely noisy conditions above 85db caused by blowers, backwashing filters, engines, etc.; is exposed to possible injury from hazardous gases, chemicals, flammables, or air contaminants; is exposed to possible injury from hazardous waste; is exposed to possible injury due to unclean or unsanitary conditions; is exposed to possible injury as a result of electrical shock; has exposure to possible injury as a result of working with moving mechanical parts such as motor shafts, belts, chain on clarifier drive, bar screw, etc.; is exposed to possible injury from explosions; is exposed to possible injury as a result of falling from high places; works

Developed by:

Date Adopted:

Clemans, Nelson & Associates, Inc.

Date Revised:

Dublin, OH 43017

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Cover Page 2 of 2

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around chemicals in containers or in the form of dust, mists, fumes, or vapors; may be exposed to bloodborne pathogens; has occupational exposure to hazardous chemicals in laboratories; has exposure to hot, cold, wet, humid, or windy weather conditions; may be required to work evenings, nights, and/or weekends; lifts and carries objects weighing up to 75 pounds; may be required to move objects weighing several hundred pounds.

Note: In accordance with the U.S. Department of Labor physical demands strength ratings, this is considered light work.

In cases of emergency, unpredictable situations, and/or department needs, may be required to lift, push, pull, and/or carry objects heavier than D.O.L. strength ratings recommend.

This position description in no manner states or implies that these are the only duties and responsibilities to be performed by the position incumbent. My (employee) signature below signifies that I have reviewed both the Cover Page(s) and the Inside Page(s) of my position description, and that I understand the contents of the position description.

(Approval of Appointing Authority)

(Date)

(Employee Signature)

(Date)

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AUGLAIZE COUNTY

An Equal Opportunity Employer

POSITION DESCRIPTION

Inside Page 1 of 3

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Class Number:	83213BC	Position Number:	01:810101.0
Dept./Div.:	Wastewater Technician	Reports To:	Sanitary Engineer
Unit:	N/A		

JOB DESCRIPTION AND WORKER CHARACTERISTICS:

JOB DUTIES in order of importance

ESSENTIAL FUNCTIONS OF THE POSITION: For purposes of 42 USC 12101:

- 55% (1) Cleans sand beds at wastewater treatment plants; cleans and maintains grounds around plants and lift stations, including cutting grass; painting lift stations and treatment plants, including fences around facility. Daily plant inspections and pump recordings.
- 30% (2) Assists with the repair and installations of pumps, motors and other equipment used in treatment plants and lift stations; utilizes various hand and power tools to assist with maintenance and repair tasks.
- 10% (3) Assists plant operators with inspection and operation of plant and proper treatment of wastewater; assists with collection of samples and testing; assists with maintenance of daily logs and records of plant operation.
- 5% (4) Performs other duties as required.

MINIMUM ACCEPTABLE CHARACTERISTICS: (* indicates developed after employment)

Knowledge of: county policies and procedures*; geographic layout of jurisdiction*; department goals and objectives*; department policies and procedures*; proper lifting techniques; safety practices and procedures; OEPA certification/licensure requirements; operation and maintenance of mechanical equipment and processes; wastewater treatment plant operating procedures; wastewater treatment regulations; laboratory equipment and supplies; equipment, chemicals, and other materials used in custodial services; public relations; records management; plant inspection techniques.

Skill in: operation and maintenance of wastewater treatment plant equipment; motor vehicle operation; computer systems operations; use of hand tools.

Ability to: follow policies, procedures, and regulations; check and detect problems in operation; perform routine laboratory field analysis; deal with problems involving several variables within familiar context; recognize unusual or threatening conditions and take appropriate action; read, copy, and record figures accurately; add, subtract, multiply, and divide whole numbers; maintain accurate records; work independently; communicate effectively; define problems, collect data, establish facts, and draw valid

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Inside Page 2 of 3

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conclusions; determine material and equipment needs; read, copy, and record figures accurately; complete routine forms; understand a variety of written and/or verbal communications; prepare accurate documentation; cooperate with co-workers on group projects; lift/carry up to 75 pounds; travel to and gain access to work site; work safely; exhibit and maintain satisfactory work ethics and public relations.

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Inside Page 3 of 3

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Unit:	N/A		

POSITION NUMBERS AND CLASS TITLES OF POSITIONS DIRECTLY SUPERVISED:

None.

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**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 1 OF 7

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

SECTION I – PERSONAL INFORMATION

Name: _____
Last First MI

Street Address City State County Zip Code

Home Telephone # _____

Work Telephone # _____

Are you at least 18 years of age? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed by this County because of VISA or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Best time to contact you by phone at: Home _____ Work _____

SECTION II – WORK PREFERENCES

Position(s) applied for _____

Date of Application _____

Are you applying for: ☐ Full-time work ☐ Part-time work ☐ No preference

Are you interested in:

☐ Permanent work ☐ Intermittent work ☐ Temporary work
☐ Seasonal work ☐ No preference

Are you currently on “layoff” status and subject to recall? ☐ Yes ☐ No

Minimum salary expectation: _____ Date available to start: _____

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 2 OF 7

SECTION III – EMPLOYMENT HISTORY
(In chronological order beginning with the most recent):

1. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ Describe your reason(s) for leaving: _____		
2. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ Describe your reason(s) for leaving: _____		

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 3 OF 7

3. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ _____ Describe your reason(s) for leaving: _____		
4. _____ Employer's Name _____ Street Address/City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: _____ Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc., for position(s) held: _____ Describe your reason(s) for leaving: _____		

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 4 OF 7

SECTION IV – EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.):			

SECTION V – MISCELLANEOUS

(The following information will be used only if it is directly related to the classification/position for which you are applying)

Have you ever been employed in the state or county service of the state of Ohio? ☐ Yes ☐ No

Have you any job-related training in the U.S. Military? ☐ Yes ☐ No

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 5 OF 7

If you answered "Yes" to the last question, please explain:

Have you ever filed an application here before? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No

SECTION VI – REFERENCES

(Please give the name, address, and phone number of three references not related to you who would know of your skills for this position):

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

.....
PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 6 OF 7

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: _____

6. **Fair Credit Reporting Act Notice and Authorization.** In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

**AUGLAIZE COUNTY APPOINTING AUTHORITY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

PAGE 7 OF 7

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH AUGLAIZE COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I understand this application will remain in the active application file and be considered only for a period of 60 days, after which I must submit a new application if I wish to continue to be considered for employment by the Auglaize County.

Applicant's Signature

Date