



CITY OF GRANTS PASS
invites applications for the position of:

Municipal Services Worker

SALARY: \$16.68 - \$21.11 Hourly
\$2,891.20 - \$3,659.07 Monthly
\$34,694.40 - \$43,908.80 Annually

OPENING DATE: 01/27/17

CLOSING DATE: 02/17/17 05:00 PM

SUMMARY OF POSITION:

The City of Grants Pass is currently accepting applications for a Municipal Services Worker in the Streets Division of the Public Works Department. The primary duties of this position include inspect, repair and maintain streets, sidewalks and drainage, and traffic control systems, manages vegetation, and operates light and heavy equipment.

Please see the [Municipal Services Worker](#) job description for a complete listing of job duties and requirements. This position is covered in the Teamster bargaining unit and incumbents must live within a 30 minute drive of their regularly assigned work site.

Typical Work Day Activities for the Municipal Services Worker – Streets Division

Pulling and cutting weeds, cutting blackberry bushes, hand digging City maintained ditches and detentions facilities, cutting grass, brush and trees in intersections, hand digging debris from catch basins, curb inlets and catch basins, picking up leaves and other debris from drainage facilities during heavy rains, unplugging drain lines during winter storms, hand shoveling and raking rock in alleyways, hand shoveling rock when completing street repairs and blowing out and sealing cracks in City streets.

MINIMUM QUALIFICATIONS:

Minimum qualifications:

A High School Diploma or equivalent with 1 year of related specialized or technical training preferred, and 1 year of related experience are required or an equivalent combination of education and experience sufficient to perform the essential duties of the job such as those listed in the job description.

Licensing requirements:

- Valid Oregon Driver's License – Class B with required endorsements within 12 months of appointment
- Oregon Certified Flagger within 12 months of appointment
- Competent Person Certification within 18 months of appointment
- ODOT Roads Scholar Level 1 Certification preferred

Please see the [job description](#) for a complete list of requirements and duties.

HOW TO APPLY:

Application materials must be turned in by the closing date in order to be considered for this position. Applications can be completed on-line, hand delivered or post-marked by the application deadline. Any application that is missing a cover letter, resume, or supplemental questionnaire will not be considered. No late, incomplete or faxed applications will be accepted.

The required materials to be turned in by the application deadline for this recruitment are:

1. City Application
2. Supplemental Questionnaire
3. Resume
4. Cover Letter

RANKING AND SELECTION:

The ranking and selection of applicants to proceed in the process includes: experience, education, responses to supplemental questionnaire, and meeting minimum qualifications of the position. The initial selection process for this position includes the following steps: application review, oral interview and hand-on testing. The final selection process following interview includes the following steps: tentative offer, driving history check, criminal history check, background investigation, reference check, drug testing, and final offer of employment.

All candidates will be notified of the status of their application after the closing date.

Reasonable accommodations may be made upon request prior to the application deadline to enable individuals with disabilities to participate in the job application process.

The City's [Veteran's Preference Form](#) is available on the City's website or by clicking on the link.

EEO/AA

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.grantspassoregon.gov>

Position #17-2
MUNICIPAL SERVICES WORKER
AS

101 N.W. "A" Street
Grants Pass, OR 97526
541-450-6050
541-450-6000

humanresources@grantspassoregon.gov

Municipal Services Worker Supplemental Questionnaire

- * 1. Do you have a high school diploma or G.E.D. equivalent?
 - Yes
 - No
- * 2. What makes you a good candidate for this position and what special skills would you bring?
- * 3. What do you think is more important than technical qualifications?
- * 4. Describe your experiences in making recommendations or showing initiative in a previous job.
- * 5. Do you have any of the following?:
 - OR Class B CDL
 - OR Certified Flagger Certification
 - Competent Person Certification
 - Forklift Certification
 - None of the above

* 6. Describe how you feel about customer service in relationship to this job.

* 7. Please indicate if you have had experience with the following equipment:

- Trucks, up to a 10 yard dump
- Backhoe
- Roller
- Loader
- Air Compressor
- Hot Air Lance
- Weed eaters
- Chain saws
- Jackhammer
- Cut-off Saw
- Hydraulic tools
- Compactor

* 8. I certify that each of the answers given above are correct and true to the best of my knowledge. I understand that any untruthfulness on this form will be grounds for subsequent disqualification or dismissal in the event that I am hired for the position of Municipal Services Worker.

Yes No

* Required Question

101 Northwest A Street
Grants Pass, Oregon 97526
541-450-6000

For Office Use Only	# _____
Date	_____
Application Reviewed	_____

Employment Application

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

POSITION APPLIED FOR : _____

PLEASE PRINT OR TYPE CLEARLY:

Last Name	First	Initial	
Street Address	City & State	Zip	
Mailing Address	City & State	Zip	
Telephone Home	Work	Cell	Message
Electronic Mail Address	Driver's License Number/ State Issued / Expiration Date		
Nickname or preferred name	Best way to reach you? Home Phone Cell Phone E-mail		

Answer all of the questions listed below:

- Are you 18 years of age or over? **Yes No**
- If applying for a sworn Police Officer position, are you 21 years of age or over? **Yes No**
- Can you demonstrate that you are a Citizen of the United States or that you are legally authorized to work in the United States? **Yes No**
- Have you previously been employed by the City of Grants Pass? **Yes No**
If so, when and what position/s? _____
- Have you ever been a member of a State of Oregon Public Employees Retirement System (PERS or OPSRP)? **Yes No**
- Do you have any relatives working here? **Yes No**
If yes, please provide their name, department and relationship to you below:

7. Do you have a High School Diploma? **Yes No**

Name of School	Location (City & State)

8. If not, do you have a General Equivalency Degree/Certificate? (GED) **Yes No**

Name of School	Location (City & State)

Skills and Abilities:

Using a scale of 0 to 5 (0 is low and 5 is high) please indicate your skill level for the following:

_____ Typing / Keyboarding (____ wpm)	_____ Computer Use
_____ Email	_____ Internet Use
_____ Microsoft Office Applications	_____ Multi-Line Phone
_____ 10-Key	_____ Spreadsheet Software
_____ Public Speaking	_____ Interpersonal Communication Skills
_____ Defensive Driving	_____ Other _____

List any special training, certificates, professional, vocational licenses, registrations, languages, or additional job-related skills specific to the position you are applying for:

Education / Specialized Training:

List additional Education beyond High School (college, universities, military schools, trade schools etc).

Name of School	Location (City & State)	Major	Credits Completed	Certificates or Degrees

Employment History:

Starting with your present or last employer, please list your work experience during the last 10 years, including all non-paid or volunteer work. If you need more space, please attach additional sheets. Explain gaps in employment. A resume will not be accepted as a substitute for employment history.

Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No	If so, # supervised? _____	May we contact this employer? Yes No
Starting Salary _____	Ending Salary _____	
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No	If so, # supervised? _____	May we contact this employer? Yes No
Starting Salary _____	Ending Salary _____	
Duties/Responsibilities _____		
Reason for leaving: _____		

Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		

If more space required for Employment History, please attach an additional sheet.

AGREEMENT: I understand any misrepresentation or deliberate omission may be justification for termination or refusal of employment. I agree to undergo psychological screening (when applicable), physical examination and drug screening. I fully understand employment is contingent upon meeting the City's physical requirements. (Note: Physical requirements will be assessed only as they relate to the position applied for. The City does not discriminate on the basis of handicap.) Candidates unsuccessful in any part of the testing process may reapply to test for future openings after waiting six months, unless it was for failure to pass the background or psychological examination, which requires the applicant to wait to retest for three (3) years. I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS OR PERSONS NAMED ON THIS APPLICATION TO GIVE ANY ADDITIONAL INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY AUTHORIZE THE CITY TO REVIEW MY DRIVING RECORD AS WELL AS CRIMINAL HISTORY.

Please read the above and sign _____
Signature
Date

