Town of Hamilton

Assistant to Street Superintendent Job Description and Responsibilities

<u>Essential Job Functions</u>: Employee shall perform a variety of manual and clerical. The work is performed under the general supervision of the Street Supervisor. These procedures shall include, but not limited to the following, which are listed:

- Secure, drive, maintain and operate all town equipment in a safe manner.
- All street repairs such as resurfacing, sealing, shoulder maintenance and pot hole patching.
- Maintenance and cleaning of catch basins and drain tiles.
- Installation and repair of street signs and post.
- Pick up and dispose of debris from streets to include road kill when identified.
- Sweep streets with equipment as needed.
- Pickup and dispose of leaves and limbs.
- Operate compost site.
- Paint lines in parking spaces, cross walks, town parking lots and streets.
- Mow and general maintenance of Town parks.
- Mow and trim around beach area, town hall, water plant and towers, town garage and town streets and roads.
- Clean and maintain public beach.
- Inspect, replace or repair all trash cans throughout town as needed. Ensure they are dumped on regular bases and kept clean.
- Empty and dispose of trash from containers located around town.
- Spray for weeds along fences at town and other locations as necessary.
- Trim and remove trees located on Town property or Town right of way.
- Operate leaf vac, chipper, tractor, mower, dump truck, pick up truck and all other equipment necessary for maintenance of Town property.
- Assist with repairs, water lines and equipment if needed by water department.

- Perform light to heavy lifting work where walking, balancing, standing, sitting, lifting, carrying, pushing and or pulling is required.
- Perform work inside and outside and be exposed to heat, extreme cold, noise, dirt, grease, vibration, electrical, mechanical and traffic hazards, dust, burns, chemicals and working alone.
- Stay abreast with local weather forecast and be prepared to plow and sand streets when required.
- Repair or replace items that are broken, damaged or worn that belong to the Town
 of Hamilton. Such items shall include, but are not limited to; Town Hall, Park
 Restrooms, Police Station, Town garage, Fire Department and all other town
 property.
- Inspect, repair and replace snow equipment when needed.
- Perform maintenance, services and repairs to all town equipment and vehicles on a regular basis as time allows. Keep an accurate up to date service record on all equipment on file. A record of each major piece of equipment and vehicle shall be kept showing major repairs made, including date and cost of repairs.
- Develop team work within the department to include working with other town employees and departments.
- Employee shall keep a daily log of all work and activities performed.



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Date of Application	Date Available for Hire	Position Desired		
Driver's License Number		Can you work any shift? ☐ Yes ☐ No		
Resume Attached?	☐ Yes ☐ No	Can you work overtime, including weekends?		
What Date Can You Star		☐ Yes ☐ Yes, but not weekends ☐ No		
INFORMATION ABOUT	YOU			
First Name	Middle Name	Last Name		
Alias or Past Names: (Plea	ase include name given at birth)			
First Name	Middle Name	Last Name		
CURRENT RESIDENCE	CE	*		
Street Address/City/State	/ZIP Code			
()	()	□ Yes □ No		
Your Phone	Work Phone			
Email				
PAST RESIDENCE(S)				
a. Start Date	End Date			
Street Address/City/State	/ZIP Code			
b. Start Date	End Date			
Street Address/City/State	/ZIP Code			

ARE Y	OU:				
Are you at least 18 Years Old?			□Yes	□ No	
A Previous Applicant			☐ Yes	□ No	
A Prev	ious Employee		□ Yes	□ No	
Legally eligible to work in the U.S.? (If offered employment, you will be required to provide proper documentation to verify eligibility.)			□Yes	□ No	
Able to make it to work using a reliable means			□ No		
Do you have any relatives or friends who work for the Town of Hamilton? □ Yes				□ No	
If yes,	please provide names and where	they work		_	
-				-	
HOW	DID YOU FIND US?				
	Advertisement	If so Name of P	ublication		
	Referral from Employee	If so, Name of Publication If so, Employee Name			
	Employment Agency	Name of Employment Agency			
	Online Sites	Name of Site			
	Other				
Are you have an	u able, with or without reasonaby questions about the functions on the No If no, please explain.	le accommodation, to of the job, please ask	perform the essent the interviewer befo	ial functions of this jore answering this qu	ob? (If you estion.)
	be your current qualifications for nce. (You may attach extra pages		ng education, skill, a	abilities, work habits,	, and work

YOUR WORK EXPERIENCE (complete for the past 10 years)

a. Present/Most Recent Employer Type of Organization	Start Date End Date	-	
a. Tresche Wost Recent Employer Type of Organization	Start Date Lift Date		
Street Address/City/State/ZIP code	Work Phone		
()			
Immediate Supervisor's Name Phone	Email		
May we contact the supervisor? Yes \square No \square	What is/was your job title?		
Summarize the nature of the work you performed and you	ur job responsibilities.		
Reason For Leaving			
b. Previous Employer Type of Organization			
5. Trevious Employer Type of Organization	Start Date Lift Date		
Street Address/City/State/ZIP code	Work Phone		
Immediate Supervisor's Name Phone	Email	otem stanoota	
May we contact the supervisor? Yes □ No □	What is/was your job title?		
Summarize the nature of the work you performed and you	0 00 00 00 2 000 0 0 00000 0		
Reason For Leaving			
c. Previous Employer Type of Organization	Start Date End Date	·	
Street Address/City/State/ZIP code	Work Phone		
Immediate Supervisor's Name Phone	Email		
May we contact the supervisor? Yes □ No □			
May we contact the supervisor? Yes □ No □ What is/was your job title? Summarize the nature of the work you performed and your job responsibilities.			
Reason For Leaving			

Have you ever been discharged or asked to resign from a job? Yes □ No □ If yes, please explain.				
PERSONAL REFEREN	CES: Give Three Re	ferences (Neither Relativ	ves or Employers)	
Name	Occupation Employer			Years this person has known you
Name	Occupation	Employer		Years this person has known you
Name	Occupation	Occupation Employer		
PROFESSIONAL INFO	RMATION (if applic	cable)		
License Description		L	icense Number	
Effective Date	ffective Date Expiration			
Registry or Certification		R	egistration No.	
Effective Date Expiration				
Other	200000000000000000000000000000000000000			
Type of School	Name and Location of School	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School	Do you have a high school diploma or GED?	X	X	X
Business or Tech School				
Colleges/Universities				
Sexual Harassment Training				
Other Training				

ACADEMIC OR OTHER AWARDS OR ACHIEVEMENTS

related to your ed	ducation or qualifications for the position	on*) all origin, gender, disability, age, or other protected class status.
Date/	/	1
Date/	/	1 —————————————————————————————————————
(Ex. special tech	QUALIFICATIONS nical, computer, or individual skills that	
Description —		
Description		
Description		
Description		
U.S. MILITAR	Y SERVICE	
Branch	Rank at Discharge	Dates of service/ to/
Duties		— Honorable Discharge? □ Yes □ No

Please Read Carefully

If you have any questions regarding the application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.

As an equal opportunity employer, the Town of Hamilton will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, reductions-in-force, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and the Town of Hamilton. If hired, you will be, at all times, an at-will employee. Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, the Town of Hamilton reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand no representative of the Town of Hamilton, with the exception of the Town Council has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. No statements, written or verbal, made to you at any time prior to, or during, employment are intended to alter your at-will status.

When processing this application, and if applicable to the position for which you are applying, the Town of Hamilton may request third parties perform criminal, police, credit, or other background checks about you. Should this be necessary, you will be given separate forms to fill out authorizing any such checks and setting forth information about your rights. In addition to these background checks, the Town of Hamilton may directly contact past employers, supervisors, and/or any other person listed in this application regarding the statements you make during the application process and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics.

Also, note that should the Town of Hamilton hire you, the Town of Hamilton may use, at any time during your employment, outside agents or representatives to perform investigations surrounding any claim of wrongdoing, including, but not limited to, sexual harassment, theft, or fraud.

I certify with my signature below I have given the Town of Hamilton true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Town of Hamilton to verify the accuracy of the statements and obtain reference information on my work performance. I release the Town of Hamilton from all liability of any kind, which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, any false statements or omissions of fact called for on this application could result in dismissal. I understand that should an employment offer be extended to me and accepted, I will at all times be an at will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither the Town of Hamilton's policies, rules, regulations, nor anything said during the interview process, shall be deemed to alter the at-will nature of my employment or to constitute the terms of an implied employment contract.

			titute the terms of an implied emplo	yment contract.
Date _	/_	_/	Signature	
Applicar	nt's nar	ne, printed		

This application for employment expires 90 days after the date indicated next to your signature. Consideration for employment after 90 days requires a new application.

Internal Office Use References				
Date / /	Organization	Contact		
Information Obtained or Verified				
Date / /	Organization	Contact		
Information Obtained or Verified				
Date / /	Organization	Contact		
Information Obtained or Verified				
Date I I	Organization	Contact		
Information Obtained or Verified				
Background Check Performed?				
Which one(s)? Add 2 lines				
Eligible for Hire?				
Position Title Location				
Combine Starting Date				
Combine Hiring Rate	Level	Step:		