# CITY OF NEDERLAND JOB POSTING

In accordance with the *City of Nederland Personnel Policy*, notice is hereby given that the City of Nederland is now accepting applications for the position of:

Job Title:	Water Treatment Plant Operator
Department/Division:	Public Works / Water Treatment Plant
Required License issued by TCEQ:	Class C (or higher) Surface Water Treatment Operator
City Classification:	Regular Full Time
FLSA Classification:	Non-Exempt (Hourly)
Pay Rate:	DOQ 7-Step Pay Plan with range from \$24.74/hr - \$33.68/hr
Benefits:	Yes
Applications Open:	October 28, 2024
Application Deadline:	First review of applications will be on Friday, November 8, 2024 and if necessary, reviewed weekly on Friday thereafter
Open To:	Public and Current Employees

This position is open to each person who makes proper application and meets all eligibility requirements prescribed by the City of Nederland. A completed application must be received by the Personnel Office no later than the closing date/time listed above. Application packets may be printed out from the City's website (<a href="www.ci.nederland.tx.us">www.ci.nederland.tx.us</a>) or picked up at the Human Resources Department located at:

City of Nederland Office Building 207 N. 12<sup>th</sup> Street, P. O. Box 967 Nederland, TX 77627 (409) 723-1500 Telephone, (409) 723-1550 Facsimile

In accordance with the City of Nederland Substance Abuse Policy, all applicants are hereby advised:

"Any applicant tentatively selected for this position will be required to submit to testing to screen for illegal drug use prior to employment. Employment in the position will be contingent upon a negative drug test result."

If this position requires a commercial drivers license as described in the City of Nederland Wage and Position Classification Plan, the applicant must comply with the Omnibus Transportation Employee Testing Act of 1991.

The City of Nederland is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, national origin, age, disability, marital status, veteran status, citizenship, sexual orientation, or any other class protected by law. The City of Nederland is in compliance with the Americans with Disabilities Act. If you have an established disability as defined in the Americans with Disabilities Act and would like to request a reasonable accommodation when applying, testing, or interviewing for a City of Nederland position, please contact:

Holly Guidry, Human Resources Director City of Nederland 207 N. 12<sup>th</sup> Street, P. O. Box 967, Nederland, TX 77627 (409) 723-1500 Telephone, (409) 723-1550 Facsimile

# <u>CITY OF NEDERLAND EMPLOYMENT APPLICATION INSTRUCTIONS</u>

#### Welcome

Thank you for your interest in employment with the City of Nederland. We would like to take this opportunity to explain our application and hiring process. We encourage you to apply for positions that match your qualifications.

# Job Postings

The City of Nederland Personnel Office posts all job openings. Applications are accepted only for positions that are currently open as posted and are accepted up to the posted closing date and time. It is necessary to submit a separate City of Nederland Employment Application for each position for which you want to be considered for employment. Your education and experience must match the minimum eligibility requirements identified on the posting. All applications are screened for minimum eligibility requirements and other qualification criteria by management. All applicants will receive a letter from the Personnel Office regarding either the qualification or disqualification of their application. Applicants whose applications are qualified will receive a letter containing further instructions regarding the next phase of the process.

# How to Apply

An application may be obtained through the City of Nederland Personnel Office which is located in the City of Nederland Office Building at 207 N. 12<sup>th</sup> Street, Nederland, Texas 77627 or by visiting the Job Openings page on the City's website at <a href="www.ci.nederland.tx.us">www.ci.nederland.tx.us</a>. To apply for a job, you must complete an application and deliver it by the posted deadline to the City of Nederland Personnel Office, 207 N. 12<sup>th</sup> Street (or by mail to P. O. Box 967), Nederland, Texas 77627. Applications sent by mail must be received by the posted deadline, regardless of post mark. The City will not accept applications by e-mail or facsimile since the last page of the application, "Authorization and Release Form," requires an original signature for our files.

# **Employment Application Instructions**

A City of Nederland Employment Application must be completed as instructed and received by the Personnel Office by the posted deadline for consideration. Résumés will **not** be accepted in lieu of a completed application, but may be attached. Supporting documentation, such as photocopies of transcripts or certificates, may be included with the application. You may attach additional pages to record additional job histories and other information, if necessary. Please do not bind your application. **Print all information in your own handwriting.** Neatness and legibility are important! Applicants must complete all blanks accurately and completely, or enter a notation as to why the blanks are incomplete. Grounds for disqualification include, but are not limited to, the following:

- 1. Failure to submit application by posted deadline.
- 2. Failure to follow application instructions.
- 3. Incomplete applications.
- 4. Failure to print all information in your own handwriting. (Résumés may be typed.)
- 5. Sloppy handwriting, poor spelling, poor grammar.
- 6. Non-specific educational information.
- 7. Vague reasons for leaving past jobs.

- 8 Overly vague/general job duties or job titles.
- 9 Lack of salary progression.
- 10. Lack of progression in job duties/responsibilities.
- 11. Gaps in employment history.
- 12. Failure to provide complete information on previous employers (or to state why this information is not available).
- 13. Failure to explain in detail where requested, such as the employment discipline and termination and criminal history sections.
- 14. Failure to sign the last page of the application packet, "Authorization and Release Form."

### **Selection Process**

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Typically, the selection process takes four to six weeks from the <u>closing date</u>, and includes, but is not limited to, the following:

# 1. <u>Employment Application</u>

Submit a completed City of Nederland Employment Application to the City of Nederland Personnel Department, 207 N. 12<sup>th</sup> Street (or by mail to P. O. Box 967), Nederland, Texas 77627 by the posted deadline.

# 2. Written Examination

Selected applicants may be invited to a skills/knowledge (written) examination. Each applicant's grade on the examination will be based on a maximum grade of 100 percent, determined entirely by the correctness of the answers to the questions. A minimum passing grade is 70 percent, and each applicant must pass the examination in order to be placed on the eligibility list. If the examination given contains more than one section, applicants must score a minimum passing grade of 70 percent, based on an average of all sections, to be placed on the eligibility list. This numeric score will be weighted at 40 percent of the total points earned during the hiring process.

# 3. Oral Interview

Applicants remaining on the eligibility list will be invited to oral interview before an interview panel and given a numeric score based on selected interview questions and criteria set forth by the City. Applicants must meet the minimum passing grade of 70 percent to be placed on the eligibility list. This numeric score is weighted at 60 percent of the total points earned during the selection process.

#### 4. Eligibility List

Once the interview scores have been calculated, a ranking order will be derived. Applicants must meet an overall minimum passing grade of 70 percent to be placed on the eligibility list. The City Manager will determine the life of the eligibility list on a case-by-case basis.

# 5. Job Offer

A conditional offer of employment will be extended to the top ranking applicant at the Department Head's recommendation and subject to the City Manager's approval. The City Manager or his/her designee will ensure that the applicant's qualifications match those set forth by the City. The job offer is conditioned upon successful background investigation and successful completion of the remaining phases of the selection process, which includes, but is not limited to, drug and/or alcohol screen, WorkSTEPS physical assessment and medical evaluation. Official job offers are extended only by the Personnel Office.

# 6. Entitlement to Work

The Immigration Reform and Control Act of 1986 requires that all new employees verify identity and entitlement to work in the United States by providing required documentation.

# **□ Equal Employment Opportunity**

The City of Nederland is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, political affiliation, veteran's status or any other unlawful basis. The City of Nederland is in compliance with the Americans with Disabilities Act and will attempt to reasonably accommodate applicants with disabilities upon request. If you need any special accommodations during the employment process, please contact the Personnel Office for assistance at (409) 723-1501.

## ☐ Contact

Thank you again for your interest in employment with the City of Nederland. If you have any questions or concerns, please contact the Personnel Office at:

Holly Guidry, Human Resources Director 207 N. 12<sup>th</sup> Street - P. O. Box 967 Nederland, TX 77627

Telephone: (409) 723-1501 - Facsimile: (409) 723-1550

E-mail: hguidry@ci.nederland.tx.us

Office Hours: 8:00 a.m. - 5:00 p.m., Monday through Friday

THE PROVISIONS OF THIS ANNOUNCEMENT DO NOT CONSTITUTE A CONTRACT, EXPRESSED OR IMPLIED, AND ANY PROVISION CONTAINED IN THIS BULLETIN MAY BE MODIFIED OR REVOKED WITHOUT NOTICE.

ATTACHMENTS: Job Posting

Job Description Proposed Pay Plan

Employee Benefits Summary Employment Application

# CITY OF NEDERLAND PROPOSED PAY PLAN

Job Title:		Water Treatme	nt Plant Opera	ator		
FLSA Class	ification:	Non-Exempt (I	Hourly)			
City Classifi	cation:	Regular Full Ti	ime			
	BASE SAL	ARY FOR FIS	CAL YEAR	10/01/2024 -	- 09/30/2025	
New Hire	6 Months	1 Year	2 Year	3 Year	4 Year	5 Year
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
\$24.74						
New hires m	ay be eligib	ole for starting pa	ay above Step	1 depending o	n qualification	ns.

# LONGEVITY PAY

In addition to base pay, \$4.00 per month for each year of service to the City of Nederland.

CERTIFIC	CATE PAY
Class C Water and/or Wastewater Certificate	\$45.00 per month
Class B Water and/or Wastewater Certificate	\$75.00 per month
Class A Water and /or Wastewater Certificate	\$150.00 per month

Certificate pay is awarded for the highest level of certificate held, and may be awarded for both water and wastewater, regardless of the employee's job title.

### SHIFT DIFFERENTIAL PAY

Not applicable to this job title.

# WORK SCHEDULE

Rotating 12 hour shifts.

### **ESSENTIAL SERVICES POLICY**

Employees in this position are classified Essential Services Personnel, and are identified by the City to be part of the emergency response team before, during, or after a hurricane. Essential Services Personnel are **required to work before**, **during**, **or immediately after a hurricane**, **and may be unable to evacuate with their family**. Employees identified as Essential Services Personnel also meet the definition of Emergency Services Personnel as defined in Chapter 22 of the *Texas Labor Code*. Failure to comply with this policy may result in discipline up to and including termination.

# CITY OF NEDERLAND EMPLOYEE BENEFITS (Updated 02/2024)

**DISCLAIMER**: The statements contained in this summary are highlights intended to serve only as general information concerning various employment matters as they now exist at the City of Nederland. Employment matters, including compensation and employee benefits, are governed by applicable Federal, State, or local laws, regulations or judicial decisions, and any errors or misrepresentations in this summary are subordinated to Federal, State, or local laws, regulations or judicial decisions. An employment-at-will relationship exists between the City of Nederland and its employees, and nothing set forth in this summary is intended to create, or shall be construed as creating, either an express or an implied contract of employment or a definite or indefinite period.

# 1. Compensation

# Base Pay

A major objective of the City's salary administration program is the encouragement, through the opportunity for financial recognition and reward, of higher levels of employee motivation, morale, effort and productivity.

# Longevity

In addition to base pay, employees receive \$4.00 per month for each year of service to the City of Nederland.

# Certificate Pay

Certificate pay is awarded for the highest level of certificate held for some job titles requiring certain state licenses.

## Shift Differential

Shift differential is paid for certain job titles requiring evening and night shifts, such as Police Officer and Telecommunications Operator.

### **Overtime Provisions**

For employees in positions which are governed by the overtime provisions of the Fair Labor Standards Act, overtime begins to accrue with the ninth hour worked during a regular eight hour day. Some employee groups may elect compensatory time in lieu of overtime wages.

# Work Period

The official work period for the City is a seven day period beginning at 12:01 a.m. on Monday and ending at 12:00 a.m. on the following Sunday. The City pays on a bi-weekly basis.

### General Salary Increases

City Council may award general salary increases to employees on an annual basis when fiscally prudent.

### **Introductory Period**

Employees are subject to a twelve month introductory period. Supervisors prepare written

performance evaluations at the end of each quarter during the introductory period.

# Pay Step Increases

Employees are eligible to receive a pay step increase upon successful completion of six months of employment (twelve months for Police Officers), and then on subsequent hire anniversary dates until reaching the maximum pay step. The step increase will be documented on an "Employee Status and Wage Report", a copy of which will be placed in the employee's payroll envelope during the payroll period in which the step increase is awarded.

# 2. Retirement System

Upon hire, employees are eligible to participate in the Texas Municipal Retirement System (TMRS) (www.tmrs.org) plan. TMRS was established in 1948 and is administered in accordance with the *Texas Municipal Retirement System Act* (Texas Government Code, Title 8, Subtitle G). Each TMRS participating city has its own retirement plan provisions within the general framework of the Act. A summary of some of the City's current provisions are as follows:

BENEFIT	DESCRIPTION	OPTION ADOPTED
City matching ratio	The City of Nederland matches your deposits and interest at a rate chose by the City of Nederland. The City's matching funds are held in the City's TMRS account until you retire. The only way to get the City's matching funds is to retire from TMRS and receive a monthly payment.	2 (City) to 1 (Employee)
City contribution rate	This rate is set annually by TMRS based on actuarial assumption changes.	7.50% (Effective 01/01/2024)
Employee contribution rate	Each month, the City withholds 7% of your gross monthly salary and deposits the money in a TMRS account in your name. These are your member deposits, which are tax-deferred. This means that are not subject to federal income tax until they are paid back to you in the form of a refund or a monthly retirement benefit.	7% of your gross salary, tax deferred
Vesting requirement	Vesting means you have worked enough years and established enough service credit to meet the minimum length-of-service requirement for retirement. Once vested, even if you leave City employment, you may leave your deposits with TMRS and retire with a TMRS retirement benefit when you reach age 60.	10 years
Retirement eligibility	At retirement, your member deposits and the interest earned are combined with the City's matching funds and other credits granted. TMRS then calculates a monthly retirement benefit based on these amounts, the interest they will earn, an estimate of your remaining life expectancy at retirement, and other factors.	10 years service, at least age 60 or 20 years service, at any age

Other available options include Updated Service Credit, Military Service Credit, Buy-Back Provision, and Restricted Prior Service Credit.

### 3. **Insurance Benefits**

Regular Full Time employees are eligible for insurance benefits. Benefits will become effective on the first day of the calendar month following full-time hire date.

# Medical Insurance Plan (Plan Year 07/01/24 - 06/30/25)

The City provides a Medical Plan through United Healthcare (<a href="www.myuhc.com">www.myuhc.com</a>). The employee premium is paid in full by the City for the "standard" plan and the "HMO" plan. Employees may select from one of the plans below or choose the HSA plan (information on the HSA plan can be requested from the Personnel Department). Employees may also elect spouse only, children only or family coverage which is paid via semi-monthly payroll deduction.

July 1, 2024 - Jur	ne 30, 2025		
Standard PPO Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$674.61	\$0.00	\$674.61
Spouse only	\$1,594.12	\$490.04	\$1,104.08
Children only	\$1,174.24	\$357.58	\$816.66
Family	\$1,973.03	\$610.28	\$1,362.75
HMO Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$611.76	\$0.00	\$611.76
Spouse only	\$1,445.60	\$341.52	\$1,104.08
Children only	\$1,064.84	\$248.18	\$816.66
Family	\$1,789.21	\$426.46	\$1,362.75
HSA Plan	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$516.89	\$0.00	\$516.89
Spouse only	\$1,221.42	\$117.34	\$1,104.08
Children only	\$899.71	\$83.05	\$816.66
Family	\$1,511.74	\$148.99	\$1,362.75

Dependents who are not enrolled when the employee is first eligible for enrollment will be considered a "late entrant." Late entrants will only be accepted for coverage during the

City's annual open enrollment during June of each year, with changes effective July 1. During the plan year, only certain qualifying events will permit a late entrant to be added at a time other than open enrollment, such as marriage, birth of a child, or termination of spouse's employment - such adds must be reported within thirty-one (31) days of the qualifying event.

Once insurance benefits become effective, it is the employee's responsibility to notify the Personnel Office of any changes which may affect coverage, such as family status, as well as changes of name, address, and telephone number.

# Dental Insurance Plan (Plan Year 07/01/24 - 06/30/25)

The City provides a Dental Plan through BlueCross Blue Shield of Texas (www.bcbstx.com). The employee premium is paid in full by the City. Employees may elect spouse only, children only, or family coverage which is paid via semi-monthly payroll deduction.

July 1, 2024 - Ju	ne 30, 2025		
HIGH PLAN	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$30.75	\$0.00	\$30.75
Spouse only	\$68.66	\$37.91	\$30.75
Children only	\$66.75	\$36.00	\$30.75
Family	\$106.70	\$75.95	\$30.75
July 1, 2024 - Ju	ne 30, 2025		
LOW PLAN	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$24.52	\$0.00	\$24.52
Spouse only	\$54.26	\$29.74	\$24.52
Children only	\$53.16	\$28.64	\$24.52
Family	\$84.87	\$60.35	\$24.52

Dependents who are not enrolled when the employee is first eligible for enrollment will be considered a "late entrant." Late entrants will only be accepted for coverage during the City's annual open enrollment during June of each year, with changes effective July 1. During the plan year, only certain qualifying events will permit a late entrant to be added at a time other than open enrollment, such as marriage, birth of a child or termination of spouse's employment - such adds must be reported within thirty-one (31) days of the qualifying event.

Once insurance benefits become effective, it is the employee's responsibility to notify the Personnel Office of any changes which may affect coverage, such as family status, as well as

changes of name, address, and telephone number.

# Long Term Disability Insurance Plan

The City provides a Long Term Disability Policy through Dearborn National. The employee premium is paid in full by the City.

# Life and Accidental Death and Dismemberment Insurance Plan

The City provides a Life and Accidental Death & Dismemberment Policy through Dearborn National. The employee premium is paid in full by the City. The current death benefit is equivalent to twice the employee's base salary rounded to the nearest \$1,000.00, to a maximum of \$200,000.00. For example, an employee who earns a base salary of \$13.43 per hour would receive a death benefit of \$56,000.00. (\$13.43/hr. x 2,080 hrs./yr.=\$27,934.40/yr. x 2=\$55,868.80, rounded to nearest \$1,000.00=\$56,000.00). For active employees attaining the age 70, the death benefit is reduced to 65% of the amount then currently in force and at age 75, the death benefit is reduced to 50%. Retired employees are eligible for a flat \$10,000.00 death benefit upon retirement.

# Voluntary Life and Accidental Death and Dismemberment Insurance Plan

Active employees may purchase additional coverage offered under the Voluntary Life Plan at their own expense, for themselves and eligible dependents. Additional information regarding this voluntary benefit may be obtained by contacting the Personnel Department.

# Voluntary Vision Benefits

Active employees may purchase voluntary benefits through United HealthCare (<a href="www.uhc.com">www.uhc.com</a>) at their own expense, for themselves and eligible dependents.

UHC Vision	MONTHLY PREMIUM	EMPLOYEE MONTHLY COST	CITY PAYS
Employee	\$5.48	\$5.48	\$0.00
Family	\$11.78	\$11.78	\$0.00

# COBRA and HIPAA Compliance Services

The City provides COBRA and HIPAA compliance services through Flores and Associates (www.flores247.com).

# **Workers Compensation**

The City provides Workers' Compensation insurance through Texas Municipal League Intergovernmental Risk Pool (<a href="www.tmlirp.org">www.tmlirp.org</a>). This coverage provides medical and salary continuation payments to employees who receive a bona fide, on-the-job, work related injury.

### 4. Other Benefit Programs

### Social Security

The City of Nederland contributes to the Social Security System on behalf of each employee.

# IRS Section 125 Cafeteria Plan

The City provides an IRS Section 125 Cafeteria Plan. A Cafeteria Plan is a benefit plan established by the City which allows each employee to choose from a menu of qualified benefits with the employee cost of selected benefits paid on a pre-tax basis. Examples of qualified benefits are medical, dental, cancer and accident insurance plans. If an employee does not participate in the Cafeteria Plan, then the employee cost of selected benefits will be taxed.

# Mission Square Retirement (formerly) ICMA-RC

Employees may elect to participate in the Mission Square Retirement plan(ICMA-RC) (<a href="www.icmarc.org">www.icmarc.org</a>). Public employees have a unique opportunity to supplement their retirement income. Employees can invest in a 457 retirement plan through automatic payroll deductions. The payroll deductions are pre-tax contributions. Employee contributions and earnings on them are not taxed while the employee lets them grow since they are retirement savings. This plan is not to be confused with the TMRS plan. The City does not match employee contributions to this plan. The plan is administered by the City's Director of Finance.

# **Tuition Reimbursement**

Subject to approval by the City Manager, employees who complete a course at an accredited college or university which is related to his/her work at the City of Nederland may be reimbursed for 50% of out of pocket expenses for tuition and books with a grade of C or better. Attendance must not conflict with work hours.

### Drivers License Fee Reimbursement

Employees are reimbursed for the difference between a Texas Class C Operators drivers license and any additional drivers license requirements or endorsements related to his/her work at the City of Nederland.

#### Uniforms and Shoes

Employees holding certain job titles are either furnished or reimbursed for the costs of required uniforms and shoes.

#### Employee Assistance Program

Employees and their eligible dependents may participate in the Employee Assistance Program, which provides up to five free counseling sessions per eligible individual per problem situation each contract year. The program is confidential and may be accessed by a telephone call to the provider. The EAP deals with problems such as depression, family, alcohol/drugs, marital, behavioral, stress/anxiety, job/school, parent/child, and grief. It also provides limited legal and financial planning services. The City's current provider is Interface EAP (ieap.com).

# Marion and Ed Hughes Public Library

City of Nederland employees are eligible for a free library card. All N.I.S.D. students residing inside and outside of City limits are eligible for free library cards. Employees may

access the meeting room under the same guidelines provided to citizens. Call 722-1255 for details.

# Nederland Recreation Center and Park Grounds

City of Nederland employees may use the Recreation Center (basketball, volleyball, game room) for free; the racquetball courts for \$2 per person per hour. Employees may reserve use of certain areas of the Recreation Center and parks grounds for eligible functions. Deposits may be waived but rental fees are required. Call 724-0773 for details.

# Doornbos Park Swimming Pool

City of Nederland employees and their families (defined as spouse, children, and step-children) have free access to Doornbos Park swimming pool during the dates and times the pool is open to the general public. Employees may rent the pool for parties same as the public (all deposits and rental fees are required.) Call 724-0773 for details.

# **Labor Unions**

Employees may elect to join union organizations and set up union dues payments through automatic payroll deduction. The Fire and Police unions are subject to collective bargaining agreements in accordance with the *Texas Local Government Code*, Chapter 174. The Fire Department is subject to Civil Service provisions of the *Texas Local Government Code*, Chapter 143.

#### 5. Leave Time

# Vacation Leave

Although employees begin accruing vacation leave from the first day of regular full-time hire, they are ineligible for vacation leave benefits during the first year of employment. Accruals are as follows: Years 1-5=2 weeks, Years 5-9=3 weeks, Years 10-19=4 weeks, Years 20-24=5 weeks, Years 25+=6 weeks.

### Sick Leave

Although employees begin accruing sick leave from the first day of regular full-time hire, they are ineligible for sick leave benefits during the first six months of employment. Most employees accrue ten hours of sick leave per month with a maximum allowable accumulation of 1,320 hours. Most employees may utilize 40 hours of their sick leave each year for the care of an immediate family member. Upon separation of employment with the City, most employees are paid up to 25% of 1,320 hours of unused accumulated sick leave.

#### Family and Medical Leave Act

An employee must have at least twelve months service in order to qualify for leave under the Family and Medical Leave Act.

### Other Types of Leave

Other forms of leave are available, such as Injury Leave, Military Leave, Civil Leave, Emergency Leave, and Administrative Leave.

# 6. Holidays

The following eleven holidays are normally observed as paid holidays: New Year's Day, Martin Luther King, Jr. Day, President's Day, Good Friday (Easter for Firefighters), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday following Thanksgiving Day, Christmas Eve, Christmas Day and Employee's Birthday.

New employees are allowed to take their Birthday Holiday during the first year of employment since it is considered a holiday, not vacation. The Birthday Holiday does not necessarily have to be taken on the employee's birth date.



# **Water/Wastewater Treatment Plant Operator**

DEPARTMENT: Public Works DATE: March 2017

**SUMMARY:** Under general supervision, monitors Water/Wastewater (W/WW) plant operations to verify the City's water supply and wastewater are in compliance with state and federal regulations and Public Works Department (PWD) quality standards.

**ESSENTIAL FUNCTIONS:** -- Essential functions, as defined under the Americans with Disabilities Act, may include any of the following representative duties, knowledge, and skills. This is not a comprehensive listing of all functions and duties performed by incumbents of this class; employees may be assigned duties which are not listed below; reasonable accommodations will be made as required. The job description does not constitute an employment agreement and is subject to change at any time by the employer. Essential duties and responsibilities may include, but are not limited to, the following:

- Monitors the daily operations of Water/Wastewater (W/WW) plant; performs tests to verify the water supply
  and wastewater are in compliance with Texas Commission on Environmental Quality (TCEQ) and United
  States Environmental Protection Agency (US EPA) regulations; and Public Works Department (PWD)
  quality standards; duties will vary according to job assignment and skill level.
- Collects, tests, and analyzes W/WW samples, including water quality, chemical saturation, and bio-solids; performs testing procedures within scope of authority; analyzes test results, using approved laboratory methods; reports any problems in compliance to TCEQ standards.
- Observes and monitors manual and automatic equipment; assists in the operation of electrical and electronic equipment to control and adjust W/WW flow and treatment processes; calibrates equipment and adjusts chemical balance; cleans treatment units and filters.
- Monitors SCADA (Supervisory Control and Data Acquisition) process control system gauges, meters, and electronic control panels; monitors and regulates W/WW systems and chemical processes; records readings and maintains shift log.
- Observes and reports variations in operating conditions; performs laboratory tests to determine if W/WW plant conditions are outside specifications; reports anomalies to supervisor.
- Maintains plant work areas, tools, and equipment in safe and orderly conditions; performs minor repairs and preventive maintenance on W/WW equipment; assists with cleaning and maintaining buildings, equipment, grounds and property.
- Performs maintenance activities within scope of authority, and in accordance with all safety regulations and procedures; notifies supervisors of problems beyond the scope of authority.
- Follows safety rules and regulations; reports safety hazards, equipment problems, security issues, and emergency situations.
- Supports the relationship between the City of Nederland and the general public by demonstrating courteous and cooperative behavior when interacting with citizens, visitors, and City staff; maintains confidentiality of work-related issues and City information; performs other duties as required or assigned.

#### **KNOWLEDGE AND SKILLS:**

### Knowledge:

- City policies and procedures.
- State and federal regulations governing water quality and treatment, including US EPA regulations and TCEQ safety standards and inspection protocols.
- Standards and specifications for compliance to water treatment regulations.
- Maintenance and servicing requirements of W/WW plant, including Supervisory Control and Data Acquisition (SCADA) electrical and electronic equipment and process control systems.
- Operation, maintenance, and repair procedures for W/WW utility equipment.

- W/WW testing protocols and laboratory standards.
- Operation, calibration, and maintenance of laboratory analytical instruments and technical equipment.
- City safety rules and regulations, occupational hazards and safety precautions.

### Skill in:

- Performing standard laboratory analyses, interpreting results of the lab tests, and making correct adjustments to operating systems.
- Monitoring plant processes; and adjusting valves, pumps, and process control system within scope of authority.
- Reading and interpreting gauges and recording devices.
- Establishing and maintaining cooperative working relationships with co-workers.
- Using a personal computer with standard and specialized software applications.
- Communicating effectively verbally and in writing.

## **MINIMUM QUALIFICATIONS:**

High School Diploma or GED equivalent; AND two years' Water/Wastewater (W/WW) operations experience, preferably in the City of Nederland; OR an equivalent combination of education, training and experience.

#### LICENSE AND CERTIFICATION:

- Must possess a valid Texas Driver's License.
- Class C or higher Surface Water Treatment Operator license <u>OR</u> Class C or higher Wastewater Treatment Operator license from Texas Commission on Environmental Quality (TCEQ) is required; depending on the needs of the City, specific licenses and certifications may be required for some incumbents.

#### PHYSICAL DEMANDS AND WORKING ENVIRONMENT:

Work is performed in W/WW Treatment Plant facilities; required to perform moderate physical work. Requires vision capacity to perform fine calibrations and differentiate between colored wires.

# CITY OF NEDERLAND EMPLOYMENT APPLICATION (REV. 10/2023)

City of Nederland Personnel Department P. O. Box 967, 207 N. 12th Street Nederland, TX 77627

Telephone: (409) 723-1501

<u>DISTRIBUTION</u>

[ ] Dept. Head

[ ] Supervisor

Equal access to programs, services, and employment is available to all persons.

#### Those applicants requiring reasonable accommodation to the employment process should notify the Personnel Office. ESSENTIAL SERVICES POLICY NOTICE All Regular Full-Time positions require incumbents in the course and scope of their employment to provide services for the benefit of the general public during emergency situations that threaten the safety of Nederland's citizens. Without an approved waiver, employees are required to work immediately before, during, or immediately after an emergency. Position applied for:Water Treatment Plant Operator (Class C Surface Water Required) Posting date: October 28, 2024 Referral source: []-City web-site [ ]-Texas Workforce Commission [ ]-Referred by City employee []-City bulletin board []-Other Name of source, if applicable: Last Name (Indicate Jr., Sr., III) First Name Middle Name If ever known/identified by any other name(s), please list full name(s): Mailing address: Street or PO Box City State Zip Physical address: Street City State Zip Telephone numbers: Residence-( Cell-( ) ) In supporting our effort to go paperless, please list an email address in this section that all correspondence regarding this job opening can be sent to. All contact regarding testing, interviews, etc. will be emailed unless you request otherwise. [ ] I would like all correspondence to be sent to the email address listed below: Email address: I do not have internet access and/or do not regularly use email as a form of communication. Please send all correspondence via US mail to the mailing address listed above. Type of employment desired: []-Full time []-Part time []-Internship []-Temporary Have you submitted an application here before? If yes, give approximate dates. []-Yes []-No Have you previously worked for the City of Nederland? If yes, where and when? []-Yes []-No Are you related to any member of City Council or any person now employed by the City of []-Yes []-No Nederland? If yes, please list their names and relationship. Earliest date you would be available to begin duty, if selected: What is the best number to reach you and what is the best time to call? []-Yes []-No , extension Best time: What is your current availability for work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Have you ever been subjected to any type of disciplinary action at work?  []-Yes []-No []-Yes []-Yes []-No []-Yes []-Yes []-No []-Yes []-			TERMINATION If yestances, etc. Be specific	es to any of the below, e	xplain in detail o	on a separate page.
Has it ever been suggested to you, or have you ever been asked to resign, from any position of playment?  Have you ever resigned from any position or employment while under investigation or after being notified that an investigation was contemplated?  Have you ever been fired or told that you were going to be fired?  CRIMINAL HISTORY  Have you ever been convicted of a misdemean or (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition.  Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonics)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Have you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation offerer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School []-Yes []-No	Have you ever been so	ubjected to any type	e of disciplinary action	at work?		[]-Yes []-No
Have you ever been fired or told that you were going to be fired?    CRIMINAL HISTORY		ubjected to any type	e of investigation for dis	sciplinary or internal en	nployment	[]-Yes []-No
Have you ever been fired or told that you were going to be fired?  CRIMINAL HISTORY  Have you ever been convictedof a misdemeanor (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, criminal offenses, location (city and state), and disposition.  Have you ever been convictedof a misdemeanor (higher than Class C) or felony? If yes, describe in full and disposition.  Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offenses, location (city and state), and disposition.  Have you ever applied for a concealed handgun permit? If yes, was the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High		ested to you, or hav	ve you ever been asked t	to resign, from any posi-	tion of	[]-Yes []-No
Have you ever pele guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offenses, location (city and state), and disposition.  Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If lave you ever been charged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School or GED?  School or Program Name  City, State Highest Grade Completed or Degree or Certificate received  College/University []-Yes []-No  Business/Technical []-Yes []-No  Current Licenses/Certification/S/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class B CDL []-Other:				under investigation or a	fter being	[]-Yes []-No
Have you ever been convicted of a misdemeanor (higher than Class C) or felony? If yes, describe in full on a separate sheet of paper, including dates, crininal offenses, location (city and state), and disposition.  Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including: and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or after form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School or GED?  School or Program Name  []-Yes []-No  Education  Graduate? School or Program Name  Major Areas of Study  Hours completed or Degree or Certificate received  College/University []-Yes []-No  Business/Technical []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type  Number  State Expiration  Drivers: []-Class C []-Class A CDL []-Other:	Have you ever been fi	red or told that you	were going to be fired	?		[]-Yes []-No
on a separate sheet of paper, including dates, crininal offenses, location (city and state), and disposition.  Have you ever pled guilty to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and felonies)? If yes, describe in full, including dates, crininal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, crininal offenses (misdemeanors and felonies)? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the permit granted or denied? If []-Yes []-No denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever bencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School []-Yes []-No  Béducation []-Yes []-No  Completed? School or Program Name   City, State   Highest Grade Completed or Degree or Certificate received   College/University []-Yes []-No    Education []-Yes []-No   Business/Technical []-Yes []-No   Current Licenses/Certifications/Registrations  Type   Number   State   Expiration   Drivers: []-Class B CDL []-Class A CDL []-Class B CDL []-Other:   College   Coll	CRIMINAL HISTO	RY				
diversion for any criminal offenses (misdemeanors and felonies)? If yes, describe in full, including dates, criminal offenses, location (city and state), and disposition.  Are you currently serving pro bation, deferred adjudication, or any form of diversion for any crim inal offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School or Program Name City, State Highest Grade Completed or GED?  Education Graduated? School or Program Name Hours completed or Degree or Certificate received  College/University []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:						[]-Yes []-No
offense? If yes, describe in full on a separate sheet, including riminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation officer or other person(s) to whom you report while on probation, deferred adjudication, or other form of diversion.  Have you ever applied for a concealed handgun permit? If yes, was the perm it granted or denied? If denied, describe the reason for denial in full on a separate sheet of paper.  Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School or GED?  Completed? School or Program Name  City, State Highest Grade Completed or GED?  Education Graduated? School Name Major Areas of Study Degree or Certificate received  College/University []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	diversion for any crim	inal offense (misde	emeanors and felonies)?	If yes, describe in full		[]-Yes []-No
Have you ever beencharged or convicted for a violation relating to concealed handguns? If yes, describe in full on a separate sheet.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet of paper.   []-Yes []-No in full on a separate sheet.   []-Yes []-No in full of the space of the of th	offense? <b>If yes</b> , descridate of completion, an	be in full on a sepand the name(s) and	rate sheet, includingrim telephone number(s) of	ainal offense(s), current the probation officer or	status, expected other person(s)	
in full on a separate sheet.  EDUCATION AND TRAINING. Copies of transcripts and/or certificates/degrees received from formal education or training must be submitted if required for the job as stated in job description.  High School or GED?  Completed? School or Program Name  [] High School []-Yes []-No [] GED  Education Graduated? School Name Major Areas of Study Hours completed or Degree or Certificate received  College/University []-Yes []-No  Graduate School []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:					or denied? If	[]-Yes []-No
training must be submitted if required for the job as stated in job description.    High School or GED?			for a violation relating	to concealed handguns?	If yes, describe	[]-Yes []-No
Program Name					eived from form	al education or
Education Graduated? School Name Major Areas of Study Degree or Certificate received  College/University []-Yes []-No  Graduate School []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	0	Completed?		City, State	Highest Gr	rade Completed
College/University []-Yes []-No  Graduate School []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	2 3 0	[]-Yes []-No				
Graduate School []-Yes []-No  Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	Education	Graduated?	School Name			
Business/Technical []-Yes []-No  Special Courses []-Yes []-No  CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: []-Class C []-Class A CDL []-Class B CDL []-Other:	College/University	[]-Yes []-No				
Special Courses         [ ]-Yes [ ]-No           CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS           Type         Number         State         Expiration           Drivers: [ ]-Class C         [ ]-Class A CDL         [ ]-Class B CDL [ ]-Other:	Graduate School	[]-Yes []-No				
CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS  Type Number State Expiration  Drivers: [ ]-Class C [ ]-Class A CDL [ ]-Class B CDL [ ]-Other:	Business/Technical	[]-Yes []-No				
Type Number State Expiration  Drivers: [ ]-Class C [ ]-Class A CDL	Special Courses	[]-Yes []-No				
Drivers: [ ]-Class C [ ]-Class A CDL [ ]-Class B CDL [ ]-Other:	CURRENT LICENS	SES/CERTIFICAT	ΓΙΟΝS/REGISTRATI	ONS		
[ ]-Class B CDL [ ]-Other:		Type		Number	State	Expiration
What special endorsements or restrictions do you have on your CDL license? (If applicable):			CDL			
	What special endorses	ments or restriction	s do you have on your (	CDL license? (If applica	ble):	

Skills and Qualifications -	List skills and qualifications you po	ssess that are applicable to this p	position:
	<b>DEFICES HELD</b> List professional, a berships which would reveal sex, radatus.		
Dates	Association/Organizat	ion Mem	bership, Offices Held
ACCOMPLISHMENTS	List special accomplishments, public	eations, awards, etc Exclude inf	Formation which would
reveal sex, race, religion, n	ational origin, age, color, disability,	or any other similarly protected s	status.
	SITION Please state why are you in	terested in this position and you	r reason for wanting to
leave your current employe	er.		
ADDITIONAL INFORM	ATION List any additional informa	tion you wish to be considered.	
	e business/work references who are not not personal references who are not		vious supervisors. If not
Name	Telephone	Describe Affiliation	Years Known
	( )		
	( )		
			I

UNEMPLOYMENT PERIODS. Please explain any periods of unemployment. From To Reason EMPLOYMENT HISTORY Provide the following information for your past and current employers, assignments, or volunteer activities starting with your most recent employer. Use additional sheets if necessary. This information is subject to verification, so please provide complete information. Dates Employed Employer: Telephone-( ) (Start with most recent) To Employer's full mailing address: From (mm/yy) (mm/yy) City, State, Zip Code: Your job title: Starting Wage Your immediate supervisor: Telephone-( ) \$ Their job title: per Final Wage Specific reason for leaving (will be verified): \$ per Summarize the type of work performed and job responsibilities.

Dates En	nployed	Employer:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting	Wage	Your immediate supervisor:	Telephone-(	)
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
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Dates En	nployed	Employer:	Telephone-(	)
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From	То	Employer's <i>full mailing</i> address:	Telephone-(	)
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
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From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
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From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		

Dates En	nployed	Employer:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting	Wage	Your immediate supervisor:	Telephone-(	)
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
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Dates En	nployed	Employer:	Telephone-(	)
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From	То	Employer's <i>full mailing</i> address:	Telephone-(	)
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
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From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		

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From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting	Wage	Your immediate supervisor:	Telephone-(	)
\$	per	Their job title:		
Final V	Wage	Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
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Dates En	nployed	Employer:	Telephone-(	)
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From	То	Employer's <i>full mailing</i> address:	Telephone-(	)
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy)  Starting	To (mm/yy)  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		

Dates Employed		Employer:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:		
		Your job title:		
Starting Wage		Your immediate supervisor:	Telephone-(	)
\$	per	Their job title:		
Final Wage		Specific reason for leaving (will be verified):		
\$	per			
Summarize the	type of work	performed and job responsibilities.		
		1 .		
Dates En	nployed	Employer:	Telephone-(	)
Dates En From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From	То	Employer's <i>full mailing</i> address:	Telephone-(	)
From	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code:	Telephone-(	)
From (mm/yy)	To (mm/yy)	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title:		
From (mm/yy)  Starting	To (mm/yy)  g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor:		
From (mm/yy)  Starting	To (mm/yy)  g Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		
From (mm/yy)  Starting  \$ Final V	To (mm/yy)  g Wage per  Wage per	Employer's <i>full mailing</i> address: City, State, Zip Code: Your job title: Your immediate supervisor: Their job title:  Specific reason for leaving (will be verified):		

### AUTHORIZATION AND RELEASE FORM

I understand this application is current for this selection process only. At the conclusion of this selection process, this application will become inactive. When a future vacancy arises, and if I wish to be considered for employment, it will be necessary for me to fill out a new application. Applications submitted after the posted deadline will not be accepted.

I understand the City of Nederland, hereinafter referred to as "the City", does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, State, or Federal law.

I understand it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. Applicants may be required to perform particular job functions as a part of the testing procedure in accordance with the selection procedures designated for particular job titles. The demonstration tests will be required of all applicants for the particular job, without exception. Applicants are to notify the City in advance of any reasonable accommodation necessary to perform job functions or tests.

I understand that in accordance with the City of Nederland Substance Abuse Policy that any applicant tentatively selected for this position will be required to submit to pre-job offer testing to screen for substance and/or alcohol abuse prior to employment, and that employment in the position will be contingent upon a negative test result. I understand that failing the substance and/or alcohol screen will eliminate me from being considered for this position and any other position with the City for a one year period.

I understand that if I am hired for a position requiring a commercial drivers license, I must comply with the Omnibus Transportation Employee Testing Act of 1991.

I understand that if I am made a tentative offer of employment, my employment is contingent upon successful completion of a post conditional job offer fitness for duty examination and/or medical examination.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that all Regular Full-Time positions require incumbents in the course and scope of their employment to provide services for the benefit of the general public during emergency situations that threaten the safety of Nederland's citizens. Without an approved waiver, employees are required to work immediately before, during, or immediately after an emergency.

I understand that the information given in the employment process may be investigated and inquiries will be made concerning my employment, education, criminal history, driving records, and other related matters. I give the City the right to contact and obtain information from all references, employers, educational institutions, and government agencies and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City and its representatives for seeking, gathering, and using such information and all other persons, corporations, agencies, or organizations for furnishing such information. Accordingly, I hereby authorize all current and former employers, and all other public and private concerns, including (but not limited to) consumer reporting agencies and similar entities, to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history. I understand if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from

a consumer reporting (or similar) agency, that I will be entitled to receive from the City only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of any application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the City's consideration for my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.

I understand that the City is an employment-at-will employer, in that, either I or the City may terminate my employment at any time for any or no reason subject to applicable state of federal law. I understand that if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the City reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that my application is subject to the Texas Public Information Act and may be released as a public document. I understand that this application is the property of the City and will become a part of my personnel file if I am hired.

I understand that any falsification, willful omission or deception made in connection with the employment process shall be sufficient cause for refusal of employment or dismissal whenever it is discovered.

I certify that all statements made herein or elsewhere in connection with my application for employment are true and correct. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant	Date Signed	
Print Name		