

**CITY OF TWIN FALLS
JOB ANNOUNCEMENT**

DATE: January 18, 2017

DEPARTMENT: Parks Department

POSITION: **PARK OPERATOR**

EFFECTIVE DATE: Upon selection

EXPECTED STARTING HOURLY RANGE: \$15.89 - \$19.07

BENEFIT PACKAGE INCLUDES: Medical & Dental Insurance, Vacation & Sick Leave (accrued bi-weekly), Paid Holidays (10), Paid Long Term Disability and Life Insurance, Tuition Reimbursement, Wellness Program and Public Employee Retirement System of Idaho-P.E.R.S.I.

WORK SCHEDULE: Monday – Thursday 7:00 a.m. to 4:00 p.m., Friday 7:00 a.m.-11:00 a.m.

JOB DUTIES: Under supervision, an operator in the Parks Department must perform a variety of general maintenance and mechanical tasks in the City parks and recreational facilities; mowing, trimming, watering, renovation of turf areas; maintaining sprinkler systems and assisting in the repair and installation of sprinkler lines and heads, and apply fertilizers, insecticides, fungicides and other chemicals. Performs minor semiskilled repairs to restrooms, buildings, playground equipment, lawnmowers; operates riding mowers, large tractors and trucks, and performs other job related duties assigned by supervisor. On occasion, after hour emergency stand-by will be required.

QUALIFICATIONS: Graduation from high school or GED equivalent; Valid driver's license; sufficient physical condition to perform the essential functions of the position which consists of continuous physical labor in all types of weather conditions, frequently lifting and/or moving 50 to 100 pounds; and any combination of education and experience which demonstrates a general knowledge of the operation and repair of mechanical equipment and various hand tools.

Familiarity with correct procedures for chemical application; understand both written and oral instructions; have the ability to work independently to complete daily activities according to work schedule; use equipment and tools properly and safely; and establish effective working relationship with employees and the public.

Both a Class "B" C.D.L. and a State of Idaho's Professional Applicator License are required within one year of hiring. Must live within 25 miles of the City of Twin Falls.

APPLICATION PROCEDURE: Applications may be obtained from the City website www.tfid.org/jobs or from the Human Resources Office located in City Hall, 103 Main Ave East. Interested applicants must submit a completed employment application to the Human Resources Office.

For additional information, phone 208-735-7268 or direct email to hr@tfid.org. Closing date is **Monday, February 6, 2017.**

Human Resources Department
An Equal Opportunity Employer – Drug Free Work Place

Qualified veterans who provide required documentation will be given preference in accordance with Idaho state law.

CITY OF TWIN FALLS, IDAHO

Application for Employment

A Drug Free Workplace

www.tfid.org
hr@tfid.org



Human Resources Dept.
103 Main Ave. E.
P.O. Box 1907
Twin Falls, ID 83303
Phone: (208) 735-7268
FAX: (208) 736-2296

PERSONAL INFORMATION

NAME _____
Last First Middle Position applying for

ADDRESS _____
No. Street
City State Zip Code e-mail address

PHONE # _____
 Home Work Cellular
May we use this address to contact you? _____ Yes _____ No

Please indicate preferred contact number by checking the box.

Are you over 18 years of age? _____ Yes _____ No

If hired, can you provide proof of U.S. citizenship or the right to work in the United States? ____ Yes ____ No
(Federal law requires proof of identity and employment authorization for all new employees.)

For positions requiring the operation of motor vehicles:

Do you have a valid driver's license? ____ Yes ____ No

License # _____

Type of License Operator Commercial _____ (please indicate what class)

Please list any endorsements you have for a commercial license _____

Do you have any immediate relatives working for us? ____ Yes ____ No

(Relative shall mean any person related by blood or marriage who is a spouse, grandparent, parent, child, brother or sister.) If yes: _____

Name Relationship Department

Have you ever been convicted of or plead guilty to a felony or a misdemeanor (without regard to the form of judgment or withheld judgment)? _____ Yes _____ No

(Answering yes may not necessarily disqualify an applicant.)

If yes, please explain. _____

NOTICE

The City of Twin Falls is an Equal Opportunity/Affirmative Action Employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability where the person is able to perform the essential functions of the position.

EDUCATION AND TRAINING

| | | | |
|---|---|-----------------------|------------------------------|
| Do you have a high school diploma or Equivalent? (GED) <input type="checkbox"/> yes <input type="checkbox"/> no | Name and location of school awarding diploma or GED | | |
| Special Training or Education beyond High School | | | |
| Name of School/Location | Major Course | Credit Hrs. Completed | Type of Degree/Date Received |
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

| | | | |
|---|---|---|--------------------|
| List the last 10 years' work experience beginning with most recent; attach an additional sheet if necessary. | | | |
| Supplemental information may be submitted by attaching a resumé but may not be substituted for this section. | | | |
| Name of Employer | | Position | |
| Address | City | State | Zip |
| | | | Phone () - |
| Name and Title of Supervisor | | | |
| Dates Employed From To | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties | | | |
| | | | |
| Name of Employer | | Position | |
| Address | City | State | Zip |
| | | | Phone () - |
| Name and Title of Supervisor | | | |
| Dates Employed From To | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties | | | |
| | | | |
| Name of Employer | | Position | |
| Address | City | State | Zip |
| | | | Phone () - |
| Name and Title of Supervisor | | | |
| Dates Employed From To | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties | | | |
| | | | |

| | | | | | |
|------------------------------|--|---|----------|---|----------------|
| Name of Employer | | | Position | | |
| Address | | City | State | Zip | Phone () - |
| Name and Title of Supervisor | | | | | |
| Dates Employed From To | | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | |
| Reason for leaving | | | | | |
| Brief description of duties | | | | | |
| | | | | | |
| Name of Employer | | | Position | | |
| Address | | City | State | Zip | Phone () - |
| Name and Title of Supervisor | | | | | |
| Dates Employed From To | | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | |
| Reason for leaving | | | | | |
| Brief description of duties | | | | | |
| | | | | | |

COMMENTS

| |
|--|
| List any comments or qualifying statements you care to make. |
| |
| |
| |
| |
| |
| |
| |
| |

REFERENCES

| | | |
|---|-----------------------------------|--------------|
| List persons known, but not related, to you for at least three years. | | |
| Name | Business/Personal Relationship | Phone Number |
| 1. | | |
| 2. | | |
| 3. | | |
| | | |

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

1. A copy of the job announcement relevant to the position applied for was provided.
2. I understand that it is my responsibility to request any necessary accommodation that I may require during the application, interviewing or testing process, if applicable. A request must be made in writing to the Human Resources Department.
3. I understand that employees in safety sensitive positions are required to test free of drugs as a condition of employment. I understand, further, that failure to do so will be grounds for disqualification.
4. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
5. I authorize any prior employers, schools, or other persons to provide information regarding my employment, education, character, and qualifications.
6. I understand the City of Twin Falls is an at-will employer. Further, I understand and agree that, if hired, no one has the authority to promise permanent employment or employment for a definite period of time and this employment application does not constitute an employment contract.

Signature of Applicant

Date

Please help us track our recruitment efforts by indicating how you heard about this position.

- City employee _____
Name of employee (optional)
- Classified ad in newspaper
- Trade publication
- Radio Ad
- Channel 17
- Friend or Family
- Job Service
- Internet
- Other please indicate _____

VETERAN'S PREFERENCE

(Reference Idaho Code, title 65, Chapter 5, and 5 U.S.C. Section 2108)

The City of Twin Falls will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete this form and attach a copy of the veteran's DD214.

The term 'active duty' means full-time duty in the Armed Forces, other than active duty for training.

Part 1. Preference Eligible Veterans

- I served on active duty at any time from December 7, 1941 and ending July 1, 1955.
- I served on active duty for 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976.
- I served on active duty at any time from August 2, 1990 and ending on January 2, 1992.
- I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.
- I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM recipients, whether listed here or not, qualify for veteran's preference and must be shown on your DD Form 214. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal alone does NOT qualify). For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veteran's preference, go to: www.opm.gov/veterans/html/vgmedal2.htm.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than (180) consecutive days and was honorably discharged.

Part 2. Documentation & Signature

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with the City of Twin Falls.

- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment, claiming veteran's preference, you are not eligible for preference.)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please print)

Signature

Date

AFFIRMATIVE ACTION RECRUITMENT RECORD

(Optional)

The City of Twin Falls monitors recruitment and selection programs in order to assure equal employment opportunity under our Affirmative Action Plan. We would appreciate your cooperation by voluntarily completing the information requested below.

This information is for **statistical use and will be kept separate from your application form** and will be used only for affirmative action purposes.

Check the one racial/ethnic group which you consider yourself:

- African American
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic (or Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish origin)
- Caucasian

Check those which apply to you:

Male

Female

Person with disability

Veteran**

Over 40 years old

** Per Idaho Code, Title 65, Chapter 5, the City of Twin Falls will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please **complete the reverse and attach a copy of the veteran's DD-214 to the application for employment.**

Position for which you are applying: _____

It is the policy of the City of Twin Falls to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender, age, marital status, veteran status, sexual orientation or the presence of any sensory, mental or physical disability. Reasonable accommodations will be made for disabled persons. If you have questions regarding your treatment by the City of Twin Falls in this application process, please contact the Human Resource Director.

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE