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WASTEWATER PLANT

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March 25, 2021

**JOB POSTING**

**POSITION DESCRIPTION**

CITY OF GREENSBURG, INDIANA

POSITION: Summer Help  
DEPARTMENT: Sewage Utility  
WORK SCHEDULE: 7am-4m M-F (12-1 for lunch)  
STATUS: Seasonal 40 hrs./week  
Pay: \$10-12 / hourik  
AGE REQUIRENET: 18 years old

The Greensburg Municipal Wastewater plant is seeking three seasonal laborers for the summer season.

Duties and responsibilities include but are not limited to: Operating hand tools, mowers, trimmers, and similar equipment, including washing/cleaning wastewater treatment tankage, painting of buildings and piping.

Requirements: Possession of a valid Indiana driver's license.

Applications are available from the Greensburg City Hall, as well as online at:

<https://www.cityofgreensburg.com/city-services/city-employees/job-opportunities/>

*Please submit your completed application to the Julie Nobbe in the City Clerk Treasurer's Office.*

Questions can be directed to me at 812.663.2138. Thank you.

Sincerely,

Jeffrey H. Smith  
Wastewater Superintendent

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SUPERINTENDENT  
JEFFERY SMITH

8 | 2-663-2 | 38  
GREENSBURG.IN.GOV

950 S BROADWAY ST.  
GREENSBURG, IN 47240

**POSITION DESCRIPTION  
CITY OF GREENSBURG, INDIANA**

**POSITION:** Seasonal Laborer  
**DEPARTMENT:** Water  
**WORK SCHEDULE:** 7:00 a.m. - 4:00 p.m., M-F  
**JOB CATEGORY:** U (Unclassified)

**DATE WRITTEN:** January 1997  
**DATE REVISED:** March 2016

**STATUS:** Full-time Seasonal  
**FLSA STATUS:** Non-exempt

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. The City of Greensburg provides reasonable accommodation to qualified employees and applicants with known disabilities who require accommodation to complete the application process or perform essential functions of the job, unless the accommodation would cause an undue hardship.

Incumbent serves as Seasonal Laborer for the Water Department, responsible for installing, maintaining and repairing water mains and service lines.

**DUTIES:**

Operates various vehicles, equipment, hand and power tools in installing, repairing and maintaining City water distribution system, such as various wrenches, screw drivers, drills, jack hammer, shovels, pumps, street and hack saws, rasps, backhoe, air compressor, Uni-loader, pickup and dump trucks. Returns streets, private property and other adjacent areas to original condition as needed.

Documents work performed on prescribed forms as required, including site location, hours worked and materials/parts used.

Assists in maintaining Department vehicles as assigned, such as washing/cleaning, lubricating, adding/changing oil, changing tires, replacing belts and motors.

Periodically flags traffic at work sites as needed.

Periodically assists other departments as needed, such as mowing and trimming grounds, changing light bulbs, painting, and washing windows.

Serves on 24-hour call for emergencies on rotation schedule.

Performs related duties as assigned.

**I. SKILLS AND KNOWLEDGES:**

High school diploma or GED.

Working knowledge of and ability to make practical application of Department and OSHA safety policies and procedures, and ability to perform basic plumbing repairs and properly operate and maintain a variety of hand and power tools, vehicles and heavy equipment, including various wrenches, screw drivers, drills, pumps, rasps, shovels, jack hammer, air compressors, street and hack saws, back hoe, Uni-loader, pickup and dump trucks.

Ability to physically perform assigned duties, including hearing mechanical sounds, close vision, standing/walking for long periods, lifting/carrying objects weighing more than 50 pounds, pushing/ pulling objects, reaching, bending, crawling, crouching/kneeling, handling/grasping/fingering objects.

Ability to understand and follow written and oral instructions and work with others in a team environment.

Ability to comply with all employer/department personnel policies and work rules, including, but not limited to, attendance, safety, drug-free workplace, and personal conduct.

Ability to competently serve the public with diplomacy and respect, including occasional encounters with irate/hostile persons.

Ability to effectively communicate with co-workers and other City departments, including being sensitive to professional ethics, gender, cultural diversities and disabilities.

Ability to occasionally work extended, weekend and/or evening hours.

Ability to serve on 24-hour call on a rotation schedule and respond swiftly, rationally and decisively to emergency situations.

Possession of a valid driver's license and demonstrated safe driving record; Commercial Driver's License preferred.

## **II. RESPONSIBILITY:**

Incumbent receives daily work assignments and works according to standard operating procedures and safety requirements. Errors in incumbent's work are usually prevented through standard safety procedures and are detected through supervisory review.

## **III. PERSONAL WORK RELATIONSHIPS:**

Incumbent maintains frequent contact with co-workers and other City departments for the purpose of exchanging information.

Incumbent reports directly to Seasonal Supervisor.

**IV. PHYSICAL EFFORT:**

Incumbent's duties involve standing/walking for long periods, lifting/carrying objects weighing more than 50 pounds, pushing/pulling objects, reaching, crouching/kneeling, bending, handling/grasping/ fingering objects. Duties may involve continuous physical exertion, but prolonged intense physical strain is not associated with normal duties.

**V. WORKING CONDITIONS:**

Incumbent performs duties outdoors and operating vehicles and heavy equipment, involving work on ladders and in confined areas, and exposure to traffic, noise, grease, dirt, dust, vehicle fumes, chemicals, extreme temperatures, inclement weather, bank cave-ins, electrical and other utility service lines. Safety precautions must be followed at all times to avoid injury to self and others.

Incumbent occasionally works extended, evening and/or weekend hours, and serves on 24-hour call for emergencies on a rotation schedule.

**APPLICANT/EMPLOYEE ACKNOWLEDGEMENT**

The job description for the position of Seasonal Laborer in the Water Department describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description, and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein, and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

# APPLICATION FOR EMPLOYMENT

## City of Greensburg, Indiana an Equal Opportunity Employer

The City of Greensburg, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Are you at least 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicants for Police Department: Are you at least 21 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary/Seasonal work? Yes \_\_\_\_\_ No \_\_\_\_\_

Affordable Care Act Full-time? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to **Previous employer** below.

● Current employer \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hire date \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

● Previous employer \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

*If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

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EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended Attach additional pages as needed.

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_ No \_\_\_\_ GED? Yes \_\_\_\_ No \_\_\_\_

Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)

College(s) or Trade School(s) attended Attach additional pages as needed.

Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

● Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

● Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)

\_\_\_\_\_  
\_\_\_\_\_

● Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_  
\_\_\_\_\_



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MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next

section. Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

\_\_\_\_\_  
\_\_\_\_\_

Type of Discharge \_\_\_\_\_

Citations/awards received \_\_\_\_\_

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PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State                      Issued By                      Date Issued      Expiration      Type                      License #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name                      Address                      Phone                      Offices/Positions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (*You may exclude any which indicate race, color, religion, gender, age, national origin or disability.*)

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PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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● Have you ever been convicted of a felony that has not been expunged or sealed?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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● Do you have an arrest record that has not been expunged or sealed? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

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● Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain (including jurisdiction of registry): \_\_\_\_\_

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● List three references who are not related to you and are not former employers or supervisors:

○ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

○ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

○ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

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**APPLICANT CERTIFICATION**

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

Initials: \_\_\_\_\_

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

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

Initials: \_\_\_\_\_

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

***The following sections to be completed by Police Department applicants only:***

● I understand that the employer provides Police service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Police Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

● I understand that if I am hired as a sworn officer on the Police Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: \_\_\_\_\_