



112 N. Main Street
Montesano, WA 98563

TEL (360) 249-3021
FAX (360) 249-3690

HELP WANTED
CITY OF MONTESANO PUBLIC WORKS
TEMPORARY CEMETERY GROUNDS MAINTENANCE

The City of Montesano is accepting applications for one temporary position in the Public Works Department. Applicants must possess a valid Washington State Driver's License and provide their own transportation to the job site. Under general supervision, the position is expected to perform a variety of work in the general maintenance of landscape and grounds; operate grounds maintenance equipment; mowing, weed eating, landscaping, tree trimming, outdoor pest control and related duties as assigned. Employment is expected to be 40 hours per week for a period of up to five (5) months beginning in the middle of April. The beginning rate is \$13.50 per hour. Applications may be obtained from Montesano City Clerk's Office, 112 N. Main St., Montesano, WA 98563. The positions is open until filled, first application review will be March 15th, 2019. The City of Montesano is an equal opportunity employer. TDD 1-800-833-6388.

Qualifications: High School Diploma or equivalent. Candidates must possess a valid Washington State Driver's License.

A complete job description and application are available at City Hall in Montesano or at www.cityofmontesano.com

Applications will be accepted until the position is filled.

Applications should be sent to:

City of Montesano
Attn: Mike Olden
112 N. Main Street
Montesano, WA 98563

CITY OF MONTESANO

Job Description

Job Title: Cemetery Maintenance Worker
Reports To: Public Works Director

Department: Public Works
Effective Date: January 1, 2018

This is a part-time, Fair Labor Standards Act overtime non-exempt position. This position is not a Civil Service position and Union membership (or lawful membership alternative) is required. The Cemetery Maintenance Worker is expected to be present between the hours of 7:30 a.m. and 4:00 p.m. Monday through Friday from the middle of April (Approximately) through the middle of September.

Major Function and Purpose

This is specialized work for a municipal public works department which requires thorough understanding of specific performance tasks as required for the efficient operation of the City. Under general direction of the Public Works Director, and as time allows, the employee will focus on general maintenance of the City owned cemetery.

General Function

Under general supervision, the position is expected to perform a variety of work in the general maintenance of landscape and grounds; operate to grounds maintenance equipment; mowing, weed eating, landscaping, tree trimming, outdoor pest control and related duties as assigned and other duties as assigned.

Supervisory Responsibilities

This is a non-supervisory position.

Job Duties and Responsibilities

The job duties and responsibilities represented in the job in no way imply that these are the only duties to be performed. Employees occupying this position will be required to follow any other job related instructions and to perform any other job related duties requested by a Supervisor. This job description reflects general details as necessary to describe the principal functions of this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements.

- Use of a variety of hand and power operated tools and equipment
- Mow, trim and edge lawns in cemetery; using equipment such as small riding lawn mower, power or hand operated mower and grass edger.
- Plant and maintain turf areas, trees and shrubs as directed.
- Pull weeds, prune shrubs and other related duties using hand tools such as shovels, trowels and loppers.
- As directed, manually apply premixed fertilizers, insecticide and other chemicals.
- Straighten and align cemetery headstones.
- Operate light-duty trucks in picking up and delivering materials and supplies and to collect and remove debris from different locations as assigned.
- Perform work in accordance with sound safety practices.
- Respond to public inquiries in a courteous manner; provide information within scope of knowledge or refer to employee of higher classification.

Knowledge, Skills and Ability

While the requirements may be representative of minimum levels of knowledge, skills and abilities, to perform this job successfully, the incumbent will possess the abilities or aptitudes to perform each duty proficiently.

- Familiarity with assigned tools, equipment and vehicles and knowledge of construction, maintenance and repair methods and procedures.
- Understand and follow verbal or written instructions.
- Establish and maintain effective working relationships with other City employees.
- self-motivated and goal oriented

Working Conditions

May work either indoors or outdoors as required. Exposure to hazards is commonplace. Among the hazards encountered are dampness, direct sunlight; machinery or its moving parts, dust, pollen, epoxy chemicals, insect stings, liquid chemicals, noisy work area, noxious odors, fumes or chemicals, pesticide spray and smoke.

Protective clothing may be required for completion of some of the requirements, including rubber boots, rubber or plastic gloves, safety equipment, hard hats and/or other specialized protective equipment. City provides safety equipment and some clothing per collective bargaining agreement.

Physical Requirements

Must have the overall stamina and ability to perform moderate to strenuous physical activity including the ability to stand or walk for long periods of time, working in or over water, working at heights or on scaffolding, and lifting and carrying up to 50 pounds. Job requirements may include the ability to climb, bend and work in tight or confined areas. The incumbent must be able to hear alarms and have the ability to audibly identify the presence of a danger or hazard.

Recruiting Requirements

- High School graduate or equivalent
- Valid Washington State Driver's License

Experience and Training

Any combination of experience and training that provides the desired skills, knowledge and abilities. Requirements outlined in this job description may be subject to modification to reasonably accommodate individuals with disabilities who are otherwise qualified for employment in this position. However, some requirements may exclude individuals who pose a direct threat or significant risk to health and safety of themselves or other employees.

This job description does not constitute an employment agreement between the Employer and employee and is subject to change as the needs of the Employer and requirements of the job change.

CITY OF MONTESANO

APPLICATION FOR EMPLOYMENT

112 N. MAIN STREET MONTESANO, WA 98563

(360) 249-3021

FAX (360) 249-3690

EQUAL OPPORTUNITY: The City of Montesano, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Montesano affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of the City of Montesano and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions.

PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
MAILING ADDRESS				
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE				
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()		ALTERNATE NO. WHERE YOU MAY BE REACHED ()	
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			YES	NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.			YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MONTESANO?			YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MONTESANO? IF YES, COMPLETE THE FOLLOWING INFORMATION			YES	NO
JOB TITLE/DEPARTMENT		DATES: FROM TO		
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF MONTESANO.				
NAME		TITLE/DEPARTMENT		JOB

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Montesano, and if your driver's license is from another state you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION	
DO YOU AUTHORIZE THE CITY OF MONTESANO TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING.			YES	NO

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:				
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?				
DO YOU WISH TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER IF PART TIME, SPECIFY DAYS & HRS. PER WEEK				
WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$		PER	DATE AVAILABLE FOR WORK:	
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS			YES	NO

EDUCATION: Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?			YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?				
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY				
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED				

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO			
MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CIRCLE 1)
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY					

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?							YES	NO
(JOB 1) PRESENT OR MOST RECENT JOB				EMPLOYER				
FROM		TO		TOTAL TIME		ADDRESS		
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER		
						YOUR JOB TITLE		
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE				
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION		
LAST SALARY \$				PER				
SPECIFIC DUTIES								

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)								

(JOB 2) PREVIOUS JOB				EMPLOYER			
FROM		TO		TOTAL TIME		ADDRESS	
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER	
						YOUR JOB TITLE	
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE			
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION	
LAST SALARY \$				PER			
SPECIFIC DUTIES							

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)							

(JOB 3) PREVIOUS JOB				EMPLOYER			
FROM		TO		TOTAL TIME		ADDRESS	
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER	
						YOUR JOB TITLE	
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE			
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION	
LAST SALARY \$				PER			
SPECIFIC DUTIES							

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NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)

(JOB 4) PREVIOUS JOB						EMPLOYER
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						

SPECIFIC DUTIES

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—
—

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)

SPECIAL SKILLS — OFFICE

DO YOU TAKE SHORTHAND?	YES	NO
CAN YOU TRANSCRIBE MACHINE DICTATION?	YES	NO

TYPING SPEED: _____ WORDS PER MINUTE

BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____

WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? _____

A. LEVEL OF SKILL: _____

B. YEARS OF OPERATING EXPERIENCE: _____

C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? _____

D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: _____

OTHER SKILLS: _____

SPECIAL SKILLS — FIELD

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE _____

A. LEVEL OF SKILL: _____

B. YEARS OF OPERATING EXPERIENCE: _____

OTHER SKILLS: _____

MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO
WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES	NO
FOR POLICE APPLICANTS ONLY: HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) ?	YES	NO

PROFESSIONAL REFERENCES: List three professional or business references who are not your relatives or employees of the City of Montesano. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

PERSONAL REFERENCES: List three personal references who are not your relatives or employees of the City of Montesano. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF MONTESANO AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-EMPLOYMENT MEDICAL EXAMINATION: APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF MONTESANO.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF MONTESANO TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF MONTESANO ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF MONTESANO TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF MONTESANO OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF MONTESANO RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MONTESANO, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____ DATE _____