

**City of Burlington**  
Department of Administration

POST



JOB POSTING – Open to the Public

OAB 11/16/21

**DEPARTMENT OF PUBLIC WORKS**

**Assistant Sewage Plant Operator – title code 05523**

Posting Date: Tuesday, 11/17/21 to Friday, 12/10/21

This position will be working a non-traditional work schedule

FULL TIME IN PUBLIC WORKS DEPARTMENT – DIVISION OF SEWER: This position will be working a non-traditional work schedule; 40 hours per week; Under the direction of an experienced operator, receives on-the-job-training in the operation of a sewage plant; performs duties designed to acquaint and increase the knowledge of the employee with the various procedures involved in controlling the flow and processing of sewage. Examples of work may include the following: performs routine tasks such as recording readings of relevant gauges, opens and closes appropriate valves; maintain liquid levels; keeps records and files; cleans and maintains plant equipment and property. Will be required to learn to utilize various types of electronic and/or manual recording and information systems used at the sewer plant.

REQUIREMENTS: Must have current NJ Driver's License and must have/or obtain CDL license within 12 months of appointment; must complete basic Water/Wastewater credited course and obtain an S-1 license within 36-months of start date, contingent upon state schedule for classes and tests.

KNOWLEDGE AND ABILITIES: Knowledge of the procedures used in recording readings of relevant gauges, reading and checking of meters and regulating gas cocks. Ability to determine whether equipment is working properly after a period of training. Ability to keep required records. Ability to understand, remember and carry out oral and written directions. Ability to read, write, speak, understand, and communicate in English sufficiently to perform duties of this position.

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Open to the public. Preference to City of Burlington residents. All employees of State and local government must reside in the State of New Jersey, unless exempted under the law. If you need reasonable accommodations to apply due to disability please call 609-386-0200, ext. 133. The City of Burlington is an Equal Opportunity Employer.

This is a non-competitive position. For a copy of the complete NJ Civil Service Commission job specification please go to <https://info.csc.state.nj.us/jobspec/05523.htm>  
Year 2021 base salary: \$41,059.00. Interested persons should complete an application by 5:00 PM on Friday 12/10/2021 to: City of Burlington Administrator, 525 High Street, Burlington, NJ 08016. Equal Opportunity Employer.



# CITY OF BURLINGTON

525 High Street, Burlington, NJ 08016

## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Please print:

|                                    |                        |                     |       |
|------------------------------------|------------------------|---------------------|-------|
| Position(s) Applied for            |                        | Date of Application |       |
|                                    |                        |                     |       |
| Print Name (Last, First, & Middle) |                        |                     |       |
|                                    |                        |                     |       |
| Street Address                     |                        | City                | State |
|                                    |                        |                     |       |
| Main Phone Number                  | Alternate Phone Number | Email               |       |
|                                    |                        |                     |       |

**EMPLOYMENT EXPERIENCE:** PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES. ADD ADDITIONAL PAGE IF NECESSARY.

|                      |                             |  |
|----------------------|-----------------------------|--|
| 1. Name of Employer  | Supervisor                  | May we contact?  |
|                      |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address       |                             |  |
|                      |                             |  |
| Phone Number         | Dates Employed (Month/Year) |  |
|                      | From                        | To   |
| Job Title and Duties | Reason for Leaving          |  |
|                      |                             |  |
| 2. Name of Employer  | Supervisor                  | May we contact?  |
|                      |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                      |                             |  |
|----------------------|-----------------------------|--|
| Street Address       |                             |  |
|                      |                             |  |
| Phone Number         | Dates Employed (Month/Year) |  |
|                      | From                        | To   |
| Job Title and Duties | Reason for Leaving          |  |
|                      |                             |  |
| 3. Name of Employer  | Supervisor                  | May we contact?  |
|                      |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address       |                             |  |
|                      |                             |  |
| Phone Number         | Dates Employed (Month/Year) |  |
|                      | From                        | To   |
| Job Title and Duties | Reason for Leaving          |  |
|                      |                             |  |

*\*Please use an additional sheet if your employment history exceeds 3 positions.*

Have you ever been involuntarily terminated or asked to resign from any job?.....  Yes  No

If yes, please explain:

Please explain any significant gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment:

**EDUCATION**

Please describe your educational background in the table provided below:

|                                     | School Name | Years Completed | Diploma/<br>Degree<br>(Yes/No) | Area of Study/Major | Specialized Training,<br>Skills, or Extra-<br>Curricular Activities |
|-------------------------------------|-------------|-----------------|--------------------------------|---------------------|---|
| High School                         |             |                 |                                |                     |   |
| College/<br>University              |             |                 |                                |                     |   |
| Graduate/<br>Professional<br>School |             |                 |                                |                     |   |
| Trade<br>School                     |             |                 |                                |                     |   |
| Other                               |             |                 |                                |                     |   |

**BUSINESS AND PROFESSIONAL REFERENCES**

Please list three professional references of individuals who are **not** related to you:

| Name and Title | Relationship | Phone Number or Email |
|----------------|--------------|-----------------------|
|                |              |                       |
|                |              |                       |
|                |              |                       |

**PERSONAL REFERENCES**

Please list three personal references of individuals who are **not** related to you:

| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|----------------|-----------------------------------|-----------------------|
|                |                                   |                       |
|                |                                   |                       |
|                |                                   |                       |

**GENERAL INFORMATION**

1. Have you ever used another name?.....  Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?.....  Yes  No
  - a. If yes to either of the above, please explain:

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever worked for the City of Burlington previously?.....  Yes  No

- a. If yes, please give dates and position: \_\_\_\_\_
- b. If yes, state your reason for leaving: \_\_\_\_\_
- 4. Do you have friends and/or relatives who currently work for the City of Burlington..... Yes  No
  - a. If yes, provide the name(s), title, and relationship(s) to you: \_\_\_\_\_
- 5. On what date are you available to begin work? \_\_\_\_\_
- 6. Days/Hours available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

- 7. Are you available to work?  Full-time  Part-time  Shift Work  Temporary
- 8. If hired, would you have a reliable means of transportation to and from work?..... Yes  No
- 9. If you reside in the City of Burlington, how long have you lived in the City?..... \_\_\_\_\_
- 10. Are you at least 18 years old? ..... Yes  No
  - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 11. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes  No
- 12. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes  No
  - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

**APPLICANT’S STATEMENT AND AGREEMENT: PLEASE READ AND INITIAL EACH PARAGRAPH BELOW.**

\_\_\_\_\_ I understand and agree that if my employment application to the City of Burlington is incomplete, my application for employment may be rejected and I may be disqualified from being hired.

\_\_\_\_\_ I hereby authorize the City of Burlington to thoroughly investigate my references, work record, education and other background matters to verify my experience, credentials, and suitability for employment. I further, authorize the prior employers and references I have listed to disclose to the City of Burlington any and all letters, reports and other information related to my work history and work records, without giving me prior notice of such disclosure. In addition, I hereby release the City of Burlington, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of my credentials, experience and references or their disclosure relating to a request for information.

\_\_\_\_\_ In the event that I become employed with the City of Burlington, I understand that I am required to comply with all rules and regulations of the City of Burlington.

\_\_\_\_\_ If hired, I understand and agree that my employment with the City of Burlington is at-will, and that neither I, nor the City of Burlington is required to continue the employment relationship for any specific term. I further understand that the City of Burlington or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that safety of employees is extremely important to the City of Burlington and that the City of Burlington is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and precautions to protect employee health, including my health and the health and safety of fellow employees.

\_\_\_\_\_ I hereby certify that all of the answers and information provided by me in this written application and throughout the application process (including any oral interviews and background checks) are true and correct as well as complete. I further certify that I, the undersigned applicant, have personally reviewed and completed this application. I understand that any omission or misstatement of material fact on this application or the inaccuracy or falsification of any document or information used to secure employment with the City shall be grounds for rejection of this application and acknowledge that it is sufficient grounds for my immediate discharge if I am employed, regardless of the amount of time which elapsed between the date of submission of this application and the date of the discovery of the inaccuracy or falsehood.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

\_\_\_\_\_ I understand that screening tests for illegal drug use may be required before hiring and during my employment here.

\_\_\_\_\_ I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS and THAT ALL OF THE INFORMATION WHICH I HAVE PROVIDED IN THIS APPLICATION AND DURING THE APPLICATION PROCESS (INCLUDING ANY PERSONAL INTERVIEWS) IS TRUE.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

## CITY OF BURLINGTON AFFIRMATIVE ACTION VOLUNTARY INFORMATION

The City of Burlington considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practises and do not discriminate on the basis of any unlawful criteria.

Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. To be filed separately from application. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                    | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                   | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement-Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you IF APPLICABLE \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

- Male  Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native         | <input type="checkbox"/> White                    |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Asian                    |
| <input type="checkbox"/> Hispanic / Latino (White race only)      | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Hispanic / Latino (all other races)      |   |

### For Administrative Use Only

Position(s) applied for

- Available  Not Available  Other

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals          | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians            | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes: \_\_\_\_\_

Completed by : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_