

City of Burlington



Department of Administration

## JOB POSTING

### DIRECTOR OF PUBLIC WORKS (Unclassified)

**Posting Dates: September 14, 2018 to October 15, 2018**

Full-time; unclassified appointment; possible occasional evenings or weekends; salaried; FLSA status: Exempt. An individual with an unclassified appointment serves for a fixed term of employment or at the pleasure of the employer (appointing authority), and may not accrue seniority or permanency in the unclassified job title.

The Director of Public Works shall be the director of the department. Under direction, administers the Department of Public Works. Within the Department shall be the following Divisions: A. Division of Public Works, headed by the Public Works Director, responsible for street maintenance, street sweeping, trash collection, maintenance of various public grounds, maintenance of City vehicles and equipment and related functions, as may be assigned by the Business Administrator; B. Water Utility Division, headed by the Water Superintendent; C. Division of Sewer, headed by the Sewage Superintendent; D. Division of Building Maintenance, headed by the Maintenance Supervisor.

#### **REQUIREMENTS:**

**Education:** Possession of a Bachelor's Degree from an accredited university.

**Experience:** Eight (8) years of experience in the development, administration, and implementation of public works or other similar construction/maintenance programs, including responsibility for budgeting and supervision, four (4) years of which shall have included management responsibilities. Note: A Master's degree in Business Administration, Public Administration, Industrial Management, Industrial Engineering, Management Science, or in a program related to the organization, operation, administration, and control of private or public organizations from an accredited college or university may be substituted for one (1) year of the non-managerial (supervisory) experience.

**Working Conditions:** Office/field environment; may work in inclement weather conditions; essential and marginal functions require sitting, standing or walking for prolonged periods of time; and operating motorized vehicles.

#### **Background Check:**

Pre-employment physical, drug screening and background check will be required prior to hiring.

#### **Residency Requirements:**

Preference to City of Burlington residents. Effective 9/1/11, NJ PL 70 (NJ First Act) requires all State and Local government employees to reside in New Jersey unless exempted under the law. Employees have one year after the date of employment to relocate their residence to New Jersey or request an exemption. If you reside in NJ, you must retain NJ residency, unless you obtain an exemption. Employees who fail to meet the residency requirements or obtain an exemption will be removed from employment.

**COMPENSATION:**

Salary as defined by ordinance; health and benefits package, if eligible. FLSA status: Exempt.

**APPLICATION PACKAGE:**

Please send the following information to David H. Ballard, Administrator, City of Burlington, City Hall, 525 High Street, Burlington, NJ 08016.

1. Cover Letter; 2. Resume; 3. Application for Employment\* completed in full and provide names and phone numbers of supervisors, dates of employment and the reason for leaving. In addition, three business references must be listed; 4. Proof of Degree, which consists of a copy of transcripts (unofficial acceptable) indicating proof of degree.

\*The Application for Employment is included at the end of this job posting.

Interested persons should submit an application package by 5:00 PM on October 15, 2018 to: David H. Ballard, City Administrator, City of Burlington, City Hall, 525 High Street, Burlington, NJ 08016. The City of Burlington is an Equal Opportunity Employer.

# Application for Employment

Please Print

City of Burlington  
525 High Street  
Burlington, NJ 08016

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular/Other # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain: \_\_\_\_\_

Have you ever been employed here before? If **yes**, give dates and positions: \_\_\_\_\_  Yes  No

Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

**This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	<b>Compensation (Final)</b>
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
E-mail: _____	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.	
Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	<b>Compensation (Final)</b>
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
E-mail: _____	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.	
Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	<b>Compensation (Starting)</b>
Starting job title/final job title _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	<b>Compensation (Final)</b>
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
E-mail: _____	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.	

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_     E-mail \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_     Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_     Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**\*\*\*NOTICE\*\*\* To Applicants: Screening**

tests for illegal drug use may be required before hiring and during your employment here.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_