

Telecommunications Electric Water Gas

## Greetings!

Thank you for applying for our opening.

In order to make this go as quickly and easily as possible for everyone, here are some guidelines for filling out the application.

Only applications received during the listed time frame for posted and advertised openings will be accepted. HMU does not accept nor solicit applications when there are no posted or advertised openings.

Please do not fill out an application until you have read and understand the Job Description duties of the open position. If a Job Description is not readily available, please request one.

All parts and blanks of the application must be filled out including signature and date on the back page. No unsigned applications will be accepted. Please do not substitute a resume for completing the application.

Please list your main job duties and functions under Employment Experience. "See Resume" will not be considered a valid substitute.

Applications will be accepted until May 2, 2025 at 12:00 noon.

Please send applications to: Jennifer Kelly, PO Box 71, Harlan, IA 51537 or email to jkelly@hmunet.com.

Thank you for your interest in employment at Harlan Municipal Utilities.

Hours are: Monday-Thursday 6:30 am - 4:00 pm Friday 6:30 am - 10:30 am

Rotating on call with gas department once every 10 weeks for a one week period

Rotating Saturday & Sunday 2-3 hours each day once every 5 weeks

## **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

|  | (PLE                           | ASE PRINT                 | )                     |             |        |  |
|--|--------------------------------|---------------------------|-----------------------|-------------|--------|--|
| Position(s) Applied For  |                                |                           | Date of               | Application |        |  |
| How Did You Learn About Newspaper Radio  | ☐ Emplo                        | yer Website<br>/ Relative | Social Media Employee |             |        |  |
| Last Name  | First Name                     |                           | Middle Name           |             |        |  |
| Address Number   | Street                         | City                      | State                 | e Zip       | Code   |  |
| Telephone Number(s)  |                                | Email Address             |                       |             |        |  |
| Best time to contact   | you:                           |                           |                       | :           | AM/ PM |  |
| Best way to contact  | you: Phone call                | _ Text                    | _ Email               |             |        |  |
| Are you at least 18 y  | ears of age?                   |                           |                       | ☐ Yes       | ☐ No   |  |
|  | an application with us befor   | e?                        |                       | ☐ Yes       | ☐ No   |  |
|  | employed with us before?       |                           |                       | ☐ Yes       | ☐ No   |  |
| Do any of your friend  | ds or relatives, other than sp | oouse, work he            | ere?                  | ☐ Yes       | ☐ No   |  |
| Are you currently em   | ployed?                        |                           |                       | ☐ Yes       | ☐ No   |  |
| May we contact your present employer?  |                                |                           |                       |             | ☐ No   |  |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? |                                |                           |                       |             |        |  |
|  | nip or immigration status w    | ill be required           | upon employment       | ☐ Yes       | ☐ No   |  |
| Date available for work/ What is your desired salary range?  |                                |                           |                       |             |        |  |
| Are you available to   | work:                          |                           |                       |             |        |  |
| ☐ Full-Time  | (please indicate W             | leekdays                  |                       | Evenings)   |        |  |
| ☐ Part-Time  | (please indicate W             | leekdays                  | _ Weekends            | Evenings)   |        |  |
| ☐ Temporary  | (please indicate dates ava     | ilable                    | ′                     | /           | _/     |  |
| Are you currently on   | "lay-off" status and subjec    | t to recall?              |                       | ☐ Yes       | ☐ No   |  |
| Can you travel if a jo   | bb requires it?                |                           |                       | ☐ Yes       | ☐ No   |  |
|  |                                |                           |                       |             |        |  |

|                          | Name and Address<br>of School                                 | Course of Study | Number<br>of Years<br>Completed | Degree<br>(Specify)  |
|--------------------------|---|-----------------|---------------------------------|----------------------|
| Elementary<br>School     |   |                 |                                 |                      |
| High<br>School           |   |                 |                                 | DIPLOMA<br>YES OR NO |
| Undergraduate<br>College |   |                 |                                 |                      |
| Graduate<br>Professional |   |                 |                                 |                      |
| Other<br>(Specify)       |   |                 |                                 |                      |
|                          |   |                 |                                 |                      |
| Yes                      | have you been in the USMil<br>No<br>time periods and any job- |                 | ed.                             |                      |
|                          |   |                 |                                 |                      |
|                          |   |                 |                                 |                      |

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| Employer            |                     | Dates E               | mployed             | Work Performed |  |
|---------------------|---------------------|-----------------------|---------------------|----------------|--|
|                     |                     | From                  | То                  | work Performed |  |
| Address             |                     |                       |                     |                |  |
| Telephone Number(s) |                     | Hourly Ra             | te/Salary           |                |  |
| Job Title           | Supervisor          | Starting              | Final               |                |  |
| Reason for Leaving  |                     |                       |                     |                |  |
| neason for Leaving  |                     |                       |                     |                |  |
| Employer            |                     | Dates Ei<br>From      | mployed<br>To       | Work Performed |  |
| Address             |                     | FIOIII                | 10                  |                |  |
| Telephone Number(s) | Telephone Number(s) |                       | nte/Salary          |                |  |
|                     |                     | Starting              | Final               |                |  |
| Job Title           | Supervisor          |                       |                     |                |  |
| Reason for Leaving  |                     |                       |                     |                |  |
| Employer            | Employer            |                       | mployed<br>To       | Work Performed |  |
| Address             |                     | From                  | 10                  |                |  |
| Telephone Number(s) |                     | Hourly Ra             |                     |                |  |
| Job Title           | Supervisor          | Starting              | Final               |                |  |
| Reason for Leaving  |                     |                       |                     |                |  |
| Employer            |                     | Dates E               | mployed             | Work Performed |  |
|                     |                     | From                  | То                  | work Performed |  |
| Address             |                     |                       |                     |                |  |
| Telephone Number(s) |                     | Hourly Ra<br>Starting | ite/Salary<br>Final |                |  |
| Job Title           | Supervisor          | Garring               | - mar               |                |  |
| Reason for Leaving  |                     |                       |                     |                |  |
|                     |                     |                       |                     |                |  |

If you need additional space, please continue on a separate sheet of paper.

| List professional, trade, business or civic activities and offices held.  You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status: |
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## **ADDITIONAL INFORMATION**

| Other Qualifications Summarize special job-related skills and qualifications    | ions acquired from employment or other experience.                 |
|---|--|
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|   |  |
| (Falleria October 1971)   |  |
| PECIALIZED SKILLS (EQUIPMENT OPERATED)  |  |
| MACHINERY/ OFFICE EQUIPMENT   | <u>SOFTWARE</u> <u>OTHER</u>                                       |
|   |  |
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| ate any additional information you feel may b                                   | be helpful to us in considering your application.                  |
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|   |  |
| ote to Applicants: DO NOT ANSWER THIS C<br>HE REQUIREMENTS OF THE JOB FOR WHICH | QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT                       |
| HE REQUIREMENTS OF THE JOB FOR WHICH  | 1 YOU ARE APPLYING.  |
|   | nanner, with or without a reasonable accommodation, the            |
| such a job or occupation for w  | vhich you have applied? A review of the activities involve  Yes No |
| EFERENCES   |  |
|   | ( )  |
| (Name)  | Phone#   |
| (Address)   | Relationship   |
|   | ( )  |
| (Name)  | Phone#   |
| (Address)   | Relationship   |
|   | ( )  |
| (Name)  | Phone#   |
| (Address)   | Relationship   |

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I authorize Harlan Municipal Utilities to investigate all statements contained in my application for employment and to investigate my qualifications, education, training, and work experience. I authorize Harlan Municipal Utilities to do a background check. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature Date

| FOR OFFICE USE ONLY         |                  |       |                    |              |  |  |
|-----------------------------|------------------|-------|--------------------|--------------|--|--|
| Position(s) Applied F       | or Is Open:      | ☐ Yes | ☐ No               |              |  |  |
| Position(s) Considered For: |                  |       |                    |              |  |  |
| Arrange Interview           | ☐ Yes            | ☐ No  | Date & Time        | <del> </del> |  |  |
| Remarks                     |                  |       |                    | <del></del>  |  |  |
|                             |                  |       |                    |              |  |  |
| Employed                    | Yes              | ☐ No  | Date of Employment |              |  |  |
| Job Title                   |                  |       | Hourly Rate/Salary |              |  |  |
| Department                  |                  |       |                    |              |  |  |
| Ву                          | AME AND TITLE    |       | DATE               | <del></del>  |  |  |
| TW-                         | W.L., WID 1111LL |       | DATE               |              |  |  |

Position Title: WATER SYSTEM OPERATIONS TECHNICIAN

Pay Range: GRADE 2: H10-H18

GRADE 3: H17-H19

Residency Classification: Emergency Status: Non-Exempt

Supervisory Responsibilities: None

Reports to: Water System Foreman

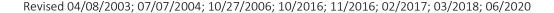
<u>Summary</u>: The primary purpose for this position is to be responsible for routine operations and maintenance of the Water Plant System.

## Job Content:

- Perform Water Plant operations duties as directed by the Water Plant Operations Plan protocol, or as directed by the Water System Foreman.
- Perform all required water quality tests as dictated by the Water Plant Operations Plan protocol, or as directed by the Water System Foreman.
- Operate Water Wells as per system needs as directed by the Water Well Management Plan or as directed by the Water System Foreman.
- Perform maintenance on the Water Plant System, Water Distribution System and Water Supply System as directed by the Water System Foreman.
- Work with customers, public officials and the public at large in a way to maintain excellent customer relations and foster a positive image for the Harlan Municipal Utilities.
- Promotes & follows safe working conditions by adhering to and practicing safe and efficient work rules as
  established.
- Perform other duties as may be required. This work may include assignments working with the other HMU
  departments.

Qualifications: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties.

- Education and/or Experience: College or technical school graduates in a technical discipline preferred, however, a minimum of a successfully completed high school curriculum or equivalent will be considered.
- Language Skills: Ability to read, analyze and interpret technical procedures and work instructions. Ability to document activities and write reports necessary to convey information concerning job related activities. Ability to effectively present information and respond to questions from citizens, customers, and the general public.
- Mathematical Skills: Ability to apply the basic mathematics concepts in the performance of required calculations as necessary.
- **Reasoning Ability**: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written or oral form.



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- Certificates, Licenses, Registrations: Must possess or be able to acquire a Grade 2 Water Treatment License within three (3) years and a Grade 3 Water Treatment License within six (6) years of employment. Must be able to possess or able to acquire a Grade 1 Water Distribution License within three years of employment. Must possess a valid lowa Commercial Driver's License with tanker and air brake endorsements. Must hold the appropriate certificate(s) as required by the State of Iowa. Must follow all Federal, State, local and Harlan Municipal Utilities drug, alcohol and safety policies.
- Physical Demands: Must be physically capable of lifting and carrying up to 100 pounds, climbing stairs, working
  on catwalks; and normal walking, talking, hearing, standing, vision and sitting.

Lifting: 140 pounds assisted lifting to/from 0" from/to 3" and to/from 0" from/to 30"; 50 pounds to/from 0" from/to 36"; 30 pounds to/from 0" from/to 72"; 36 pounds assisted lifting to/from 0" from/to 24" on various terrain

Lift and Carry: 30 pounds a distance of 30' to/from 0" from/to 36"; 50 pounds a distance of 20' to/from 0" from/to 36" on various terrain

Push/Pull: 90 pounds for a distance of 3' of force up to 24" off ground on various terrain

• Work Environment: The work environment is varied and includes indoor and outdoor working conditions. Exposure to varying weather conditions such as extreme cold, heat, wind and rain is probable.

This position description has been developed to enhance the communication of the job in conjunction with performance expectations between the employee and supervisor. The information contained in the position description is designed to reflect the characteristics of the job. From time to time, the employee may be expected to perform duties that are not reflected in this description. This information will be reviewed on a regular basis for modification and change. Either the employee or management may initiate this review at any time.