



EMPLOYMENT PACKAGE

Position: Administrative Assistant to the Office of the Water Plant Superintendent
Closing Date: Open Until Filled

ATTACHMENTS

Ad Display (1 page)

Application for Employment (6 pages)

Affirmative Action/Equal Employment Opportunity (1 page)

Verification of Former Employment (1 page)

Job Description (3 pages)

Job Description Acknowledgement (1 page)



PLEASE NOTE THAT PROCESSING YOUR APPLICATION WILL BE DELAYED IF YOU
FAIL TO COMPLETE THE ATTACHMENTS IN THEIR **ENTIRETY**.



**WATER DEPARTMENT
ADMINISTRATIVE ASSISTANT TO THE OFFICE OF THE WATER PLANT
SUPERINTENDENT**

The Town of North East is accepting applications for a full time position with the Water Department. This position requires excellent customer service, office skills and computer skills in an administrative capacity to the Superintendent and Operators. Work is performed with some guidance from the Superintendent, but must be an independent worker. The Town is an E.O.E. Generous benefit package. Applications and complete job description can be obtained from the Town's website (homepage): www.northeastmd.org or by calling 410-287-5801 (x103). Salary will be based upon qualifications. Submit application and resume to Town of North East, P.O. Box 528, North East, MD 21901-0528; ATTN: Town Administrator. Closing date: open until filled.



Due By: <u>Open Until Filled</u> Date _____
Returned On: _____ Date _____

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

Screening tests for illegal drug use may be required as a condition of employment.

Feel free to submit a resume with your application. However, the resume should not be submitted in place to completing this application.

Position Applying for Administrative Assistant to the Office of the Water Plant Superintendent

Regular Full-Time Temporary _____ Emergency _____ Contractual _____

How did you learn of this employment opportunity with the Town? _____

Are you currently employed by the Town of North East? Yes ___ No ___ If yes, what Department? _____

Have you ever worked for the Town of North East? Yes ___ No ___ If yes, when? _____

Town Policy prohibits employment of an immediate family member into a position supervised by a relative.

Do any members of your family work for the Town of North East? Yes ___ No ___ If yes, please indicate name and the position they hold _____

PERSONAL DATA

Name _____
(Last) (First) (Middle)

List any other name under which your educational or work records may appear _____

Address _____
(Street) (City) (State) (Zip Code)

Email Address _____ Last 4 digits of Social Security No. _____

Home Phone No. _____ Ok to leave a message? Yes ___ No ___

Cell Phone No. _____ Ok to leave a message? Yes ___ No ___

When is the best time to contact you? _____

Do you have a valid driver's license? Yes ___ No ___ Class: A ___ B ___ C ___ ID Card ___
(This information must be provided if a driver's license is a minimum requirement)

License No. _____ Expiration Date _____

If not MD state Issuing State _____ Expiration Date _____

EDUCATION

Did you successfully complete?	Circle Highest Grade Successfully COMPLETED	Name and Address of Last Elementary and High School Attended and Course of Study
Elementary yes <input type="checkbox"/> no <input type="checkbox"/>	1 2 3 4	_____
Junior High yes <input type="checkbox"/> no <input type="checkbox"/>	5 6 7 8	_____
Senior High yes <input type="checkbox"/> no <input type="checkbox"/>	9 10 11 12	If you did not graduate from high school, have you received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, give # _____

COLLEGE OR UNIVERSITY

Name and Address of College or University	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING or CLASSES RELEVANT to the JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Typing/Keyboarding: _____ w.p.m. Shorthand: _____ w.p.m.
(if applicable to position for which you are applying) (if applicable to position for which you are applying)

Are you fluent in a language other than English? (If required for the job for which you are applying)

Yes ___ No ___ If yes, please list: _____

Do you currently serve in the Military or are you a Veteran? Yes ___ No ___

LIST MACHINES and/or EQUIPMENT YOU CAN OPERATE (if applicable to the job for which you are applying)

ADDITIONAL INFORMATION _____

WORK EXPERIENCE

List beginning with your most recent position all of your work experience including military service. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application.

I. Current Employer Name	Address	Month/Year Start	Month/Year End
Type of Business	Reason for leaving or wanting to leave	Salary Start	Present/End Salary
Job Title	Name of Supervisor	May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Phone No.

Job Duties:

Do you supervise other employees? Yes ___ No ___ If yes how many? _____

WORK EXPERIENCE (Continued)

4. Former Employer	Address	Month/Year Start	Month/Year End
Type of Business	Reason for leaving	Salary Start	Present/End Salary
Job Title	Name of Supervisor	May we contact Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Phone No.
Job Duties:			
Do you supervise other employees? Yes ____ No ____ If yes how many? _____			

PERSONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Relation to Applicant</u>	<u>Occupation</u>	<u>Telephone No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DISABILITY

Americans with Disabilities Act: No qualified individual with a disability shall on the basis of the disability, be subjected to discrimination in employment under any service, program, or activity conducted by the Town of North East. It is also essential that the Town will not compromise safety in any of their hiring practices. The Town of North East will make all reasonable accommodations with regard to employment of individuals with disabilities. The Town will not discriminate in any way toward any employee with regard to employment related activities (i.e.; hiring, firing, tenure, layoffs, leave, etc.). No employee will be discriminated against for their association or relationship to any disabled person.

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? (The Town of North East adheres to the principles of the Americans with Disabilities Act)

Yes _____ No _____ if no, please list the accommodation(s) you feel would be necessary to allow you to perform these functions: _____

START DATE AND SALARY

If selected for the position when can you start? _____

Are you willing to accept the approved salary for the job? _____

I hereby affirm that this application contains no willful misrepresentations and that this information given by me is true and complete to the best of my knowledge and belief. I authorize the Town of North East to investigate any and all statements made in this Employment Application. If in the judgment of the Town, any misrepresentation has been made herein or the results of the investigation are not satisfactory, an offer of employment may be withdrawn; and, if I am already employed, my employment may be terminated immediately.

Date _____ **Applicant Signature** _____

I voluntarily consent to allow the Town of North East or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character, and personality, including information of a confidential or privileged nature.

Date _____ **Applicant Signature** _____

I understand that if I am selected for an appointment to a position with the Town of North East I will be required to have a physical examination, including drug screen, on the basis of which I may or may not be accepted for employment.

Date _____ **Applicant Signature** _____

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM

EMPLOYMENT APPLICATION POLICY

This employment application will be considered for the specific position opening only.

All employment applications shall be retained for a period of (four) 4 years.

**RETURN TO: Town Administrator
P.O. Box 528
106 South Main Street
North East, Maryland 21901-0528**



AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

The Town of North East is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind the questions contained in this application are not intended to be discriminatory based on any non-job information.

The information requested below is voluntary and will be used to complete statistical reporting required to analyze our applicant flow. It will be separated from your application and will have no effect on the disposition of your application. Thank you for your cooperation.

Birthdate: _____ Gender: Male _____ Female _____

Citizenship: U.S. Citizen _____ Legal Alien _____ Other _____ (Proof of U.S. citizenship or immigration status will be required upon employment)

Race: Are you Hispanic or Latino? Yes _____ No _____

If you are not Hispanic or Latino, what is your race? Please select one.

_____ White (Origins in any of the original peoples of Europe, the Middle East, or North Africa)

_____ Pacific Islander or Native Hawaiian (Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ American Indian or Alaska Native (Origins in any of the original peoples of North or South American, including Central America, and who maintains tribal affiliations or community attachment)

_____ Black or African American (Origins in any of the black racial groups of Africa)

_____ Asian (Origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ Unknown/Decline to state



VERIFICATION OF EMPLOYMENT

The Town of North East
 Attn: Town Administrator
 106 South Main Street, North East, MD 21901
 410-287-5801

A – Employee *(Complete Section A only, Print all information)*

Current/Former Employer Name _____

Current/Former Employer Address _____

Telephone No. _____

APPLICANT NAME	IF THIS NAME DIFFERS FROM NAME USED AT YOUR PREVIOUS EMPLOYMENT, PLEASE INDICATE NAME USED	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS REQUIRED FOR VERIFICATION BY YOUR FORMER EMPLOYER

DEPARTMENT	JOB TITLE	BASE SALARY AMOUNT	BONUS AMOUNT	OTHER COMPENSATION i.e. car allowance, etc.	EMPLOYMENT DATES FROM: TO:	
Reason for Leaving						
Release of Information Authorization		Applicant Signature:			Date:	
Town of North East		Personnel Representative:			Date:	

B – Former Employer *(Please complete this section for the above individual who has applied for employment with the Town of North East and return in the enclosed envelope)*

COMMENTS	CIRCEL ONE	
WAS THE JOB TITLE AS STATED?	YES NO	
WAS THE BASE SALARY AS STATED?	YES NO	
WAS THE BONUS AS STATED?	YES NO	
IS THE PERIOD OF EMPLOYMENT AS STATED?	YES NO	
IS THE REASON FOR LEAVING CORRECT?	YES NO	
WOULD YOU REHIRE THIS INDIVIDUAL?	YES NO	
OTHER COMMENTS:		
FORMER EMPLOYER SIGNATURE:	TITLE:	DATE:
TELEPHONE NUMBER:		



**Mayor and Commissioners
Town of North East
Job description**

DEPARTMENT

Water

JOB TITLE

Administrative Assistant to the Office of the Water Plant Superintendent

NATURE OF WORK

This position requires excellent customer service, office skills and computer skills in an administrative capacity to the Superintendent and Operators. Work is performed with some guidance from the Superintendent, but must be an independent worker. Work is reviewed directly by the Superintendent. Keep detailed records of all water treatment plant activities and execute any assignments given by the Superintendent.

SUPERVISION RECEIVED:

Reports to Superintendent.

EXAMPLES OF WORK

The listed examples may not include all duties performed by the person in this position. Duties may vary from time to time and are at the discretion of the Superintendent and the Town Administrator. Duties may include but are not limited to customer service, processing mail, answering phones, placing supply orders, preparing correspondence, communicating information to coworkers, preparing reports, data entry, and product research.

- Customer service via face-to-face, phone and email.
- Customer research and update to the Town's utility billing system.
- Research customer usage in Sensus[®], the Town's metering infrastructure system.
- Prepare correspondence for Superintendent.
- Assign Finance account numbers to invoices for payment.
- Prepare on behalf of the Superintendent reports for the Environmental Protection Agency, Maryland Department of the Environment, governmental offices, and Town Officials as required by law, regulation and policy.
- Monitor plant phone messages.
- Prepare and distribute on call schedule.
- Place supply orders.
- Research products, equipment and parts for best quality/price.

- Assist Superintendent with water department time keeping utilizing the employee portal
- Assist Superintendent in the preparation of the annual water department budget.
- Filing, copying, scanning and faxing as needed.
- Maintain water department files.
- Track and log distribution system maintenance.
- Schedule tri-annual lead and copper testing with required customers.
- Prepare and submit public notices in accordance with department policy.
- Notify as needed Emergency Services and North East Police Department.
- Assist Superintendent in creating policy and procedures manual.
- Crosstrain with Billing Specialist II.

KNOWLEDGE, ABILITIES AND SKILLS

- **Communication Skills:** Ability to build and maintain effective relationships with all Town staff and members of the community. Ability to write clearly and informatively; ability to present information and respond to questions from staff, supervisors and stakeholders.
- **Customer Service:** Represent the Town professionally and effectively in both internal and external interactions. Manage difficult or challenging situations successfully. Treat others with respect and consideration regardless of cultural background, status or position. Exhibit objectivity and openness to other's views.
- **Innovation and Change Management Skills:** Display original thinking and creativity. Develop innovation approaches and ideas. Present ideas and information in a manner that is easily understood. Understand and contribute to evolving processes in response to changes in the community and advances in technology.
- **Technical Skills:** Ability to use standard office software, use the internet to access local, state and federal data. Ability to effectively use e-mail to communicate with stakeholders at all levels.

PHYSICAL DEMANDS AND WORK ENVIRONMENT

Work is generally performed at a desk or conference room setting. Walking, sitting, standing, bending, and reaching is required. The employee must be able to rise and wait on walk-in customers at the front counter as well as file, clean up kitchen, vacuum when necessary, carry storage boxes and office supplies. Office staff is required to gather trash and recyclables for weekly pickup. Exposure to adverse weather conditions is minimal.

QUALIFICATIONS REQUIRED

To perform this position successfully, the person in this position must be able to perform each essential duty satisfactorily. The requirements listed above and below are representative of the knowledge, skill and/or ability required.

EXPERIENCE REQUIRED:

Education: High School Diploma/GED.

Experience: Three (3) years' experience OR equivalent technical training, education or experience.

Knowledge of standard office software and accounting software.

LANGUAGE SKILLS

Ability to communicate, read, write and understand English at a level necessary for efficient job performance.

LICENSES AND OTHER REQUIREMENTS

Must possess a valid Maryland Driver's License and a driving record acceptable to the Town's Risk Manager

EXEMPT

No

This is a full-time position.

REPORTS TO

Superintendent (or Water Plant Chief Operator in absence of the Superintendent)

SALARY LEVEL

L1 TO L15 (\$13.25 to \$20.04 per hour)

The above job description is not intended as, nor should it be construed as, exhaustive of all responsibilities, skills, efforts, or working conditions associated with this job.

Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions of this job.

Adopted By Resolution 2015-06-02

Date: June 10, 2015

Revised by Resolution 2023-02-01

February 8, 2023



JOB DESCRIPTION ACKNOWLEDGMENT

I, _____ hereby acknowledge and Affirm that
PRINT NAME

I have read and understand the attached job description for the position of *Administrative Assistant to the Office of the Water Plant Superintendent.*

Signature

Date