



EMPLOYMENT PACKAGE

Position: Maintenance II

Position Closes: Closes when filled

ATTACHMENTS

Ad Display (1 page)

Application for Employment (6 pages)

Affirmative Action/Equal Employment Opportunity (1 page)

Authorization to Release Information (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.

TOWN OF NORTH EAST, MARYLAND
MAINTENANCE DEPARTMENT- MAINTENANCE II



The Town of North East is seeking applications for a FT Maintenance II position with the Maintenance Department. Responsibilities include maintenance of Town owned property & buildings; equipment maintenance; minor road & sidewalk repair; grass mowing; snow removal & other duties as assigned by the Supervisor. Applicant must possess a valid MD driver's license and a high school diploma or equivalent. The Town is an E.O.E. Salary will be based upon qualifications. Applications should be submitted to The Town of North East, P.O. Box 528, North East, MD 21901-0528; ATTN: Town Administrator. Applications can be obtained from the Town's website at www.northeastmd.org on the homepage click EMPLOYMENT. Position will remain open until filled.



Returned Date: _____
Received By: _____

TOWN OF NORTH EAST, MD

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.

APPLICATION FOR EMPLOYMENT

POSITION APPLING FOR: Water Plant Operator or Water Plant Operator Trainee (Please circle one)

Regular Full-Time X 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 _____

Are you legally eligible for employment in the United States? (Proof of U.S. citizenship or immigration status will be required upon employment) Yes [] No [] If no, please explain:

As an Equal Opportunity Employer, the Town of North East does not discriminate in hiring or other terms and conditions of employment regardless of race, religion, color, creed, national origin, sex, marital status, age, or the presence of any sensory, mental, or physical disability or any other reason prohibited by federal, state, or local law.

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.

[INTENTIONALLY LEFT BLANK]

EDUCATIONAL DATA

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"/>					_____
Senior High yes <input type="checkbox"/> no <input type="checkbox"/>	5	6	7	8	If you did not graduate from high school, have you received a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Graduated: _____	9	10	11	12	If yes, give # _____

COLLEGE OR UNIVERSITY

Name and Address of College, University or Professional School and Course of Study	Degree Received and Major	Number Semester Hours	Years Completed	Completion Date

OTHER TRAINING

Name and Address of School	Subjects Studied	Years Completed	Did you finish the course?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

List any licenses and/or certificates that you possess which relate to the position for which you are applying. If you are applying for a position which requires driving a Town vehicle, please note the Driver's License Number and Class in which you possess a valid license.

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

ADDITIONAL INFORMATION _____

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:

EMPLOYMENT RECORD DATA

Give employment record as completely as possible starting with your present or last employer.
 (Include Military Service) Attach additional sheets if necessary.

1. Employer		Address	
Type of Business	Reason for leaving/ (wanting to leave)	Month/Year Start	Month/Year End
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

2. Employer		Address	
Type of Business	Reason for leaving	Month/Year Start	Month/Year End
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____			

3. Employer		Address	
Type of Business	Reason for leaving	Month/Year Start	Month/Year End
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____ _____			

4. Employer		Address	
Type of Business	Reason for leaving	Month/Year Start	Month/Year End
Title of Position	Name of Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #
Duties: _____ _____			

PERSONAL REFERENCES

Name	Address	Relation to Applicant	Occupation	Telephone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

How soon can you report to work? _____

If employed, are you willing to accept the approved salary for the job? _____

Do you have a valid driver's license? Yes _____ No _____ N/A _____ This information must be provided if a driver's license is a minimum requirement. Please select the license class. Non-drivers should provide information from state-issued identification card, if available.

Class: A _____ B _____ C _____ ID Card _____ Other _____

Out of State License Class: _____ Issuing State: _____

License Number: _____ Expiration Date: _____

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.

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 _____

MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS ON THIS FORM. IF YOU HAVE NOT FILLED IT OUT COMPLETELY, IT MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

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
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.

Position Applied: _____

Date: _____

Sex: Male: _____ Female: _____

Race/Ethnic Identification:

_____ White/Caucasian, Indo-European, Pakistani, East Indian

_____ Black/African American, Jamaican, Trinidadian, West Indian

_____ Hispanic, Mexican, Puerto Rican

_____ American Indian, Alaskan Native

_____ Asian, Pacific Islander



AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Town of North East, whether said records are of public, private or confidential nature, and regardless if the information may be derogatory in nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, (including credit reports and/or ratings); employment and pre-employment records including background check, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records; financial statements and records including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, to include the records of recollections of attorneys at law or of other counsel, whether representing me or another person in any other case in which I presently have, or have had an interest. It is my specific intent, therefore, to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein for the purpose of determining suitability for employment with the Town of North East.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the Release Authorization will be considered in determining my suitability for employment by the Town of North East.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of the release form will be as valid as an original hereof; even though said photocopy does not contain an original writing of my signature.

Applicant Signature: _____ Date: _____

Address: _____

DOB: _____ SSN: _____

Witness: _____ (Printed) _____ (Signature)

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
OF THE TOWN OF NORTH EAST

JOB DESCRIPTION

JOB TITLE:

Maintenance Department - Maintenance II

NATURE OF WORK/SUMMARY:

Performs general labor under direct supervision. Position requires the physical strength to perform this manual labor and ability to understand and follow directions. Good verbal skills are necessary to providing instruction to others. Must have experience in carpentry, mechanical maintenance, concrete, blacktop repair, electrical and plumbing work. Must have experience in operation of lawn equipment, hand and power tools, and dump truck.

EXAMPLES OF WORK:

The following examples of work are not inclusive of all duties and responsibilities the employee shall perform. In addition, the employee will be expected to perform all other related duties as required and or assigned.

- ◆ Assist in the maintenance and repair of road and sidewalk construction.
- ◆ Perform vehicle and equipment maintenance, repair, inspection and record keeping.
- ◆ Maintain Town owned buildings.
- ◆ Mowing and trimming lawn areas.
- ◆ Pruning trees and shrubs.
- ◆ Plow snow, remove snow and sand streets.
- ◆ Carpentry and plumbing repair.
- ◆ Install street signs.
- ◆ Able to lift a minimum of 75 pounds.

Job Description – Page 2 of 3

KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge Of:

Proper safety practices and procedures concerning the operation of equipment and power tools.

Ability To:

- ◆ Ability to work with Town staff, developers, community organizations and the general public in a courteous, tactful and professional manner. Ability to prepare clearly written reports and documents, and make effective oral reports.

PHYSICAL DEMANDS AND WORK ENVIRONMENT:

Work is performed primarily out-of-doors regardless of the weather. Also, during occasional emergency situations, the employee may be exposed to extreme weather and working conditions. Walking, standing, bending, and a limited amount of crawling and climbing is required. Normal safety precautions are required. Work requires above average physical agility and dexterity.

QUALIFICATIONS REQUIRED:

To perform this job 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.

EDUCATION AND EXPERIENCE:

Education: High School graduation or G.E.D.

Experience: A minimum of three (3) years of applicable experience is required.

LANGUAGE SKILLS:

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

MATHEMATICAL SKILLS:

Ability to perform basic math calculations; add, subtract, multiply and divide.

Job Description – Page 3 of 3

REASONING ABILITY:

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

OTHER SKILLS AND ABILITIES:

Ability to use calculator, copy machine, fax machine and telephone.

LICENSES AND OTHER REQUIREMENTS

- ◆ Valid Maryland Driver's License and a driving record acceptable to the Town's Risk Manager.
- ◆ Must be able to obtain a Maryland Department of Agriculture Pesticide and Herbicide Certification for Industrial Weed Control within one year of hire date.
- ◆ Following an offer of employment, and prior to starting work, individual may be required to have a pre-employment physical examination by a physician designated by the Town. The Town will pay for the examination. Satisfactory clearance to perform essential job functions will be required for employment.

EXEMPT:

No

This position can be either part time or full time.

REPORTS TO:

Maintenance Supervisor (or Maintenance I in absence of Maintenance Supervisor)

SALARY LEVEL:

- ◆ L1 to L 15 (\$15.00 to \$18.29 per hour) (see Resolution No. 2021-01-01)

Adopted: Resolution No. 2003-12-01

Date: December 1, 2003

Revised: Personnel Officer

Date: December 5, 2012

Amended: Resolution No. 2021-06-12

Date: July 1, 2021



JOB DESCRIPTION ACKNOWLEDGMENT

I, _____ hereby acknowledge and affirm that I have read
(PLEASE PRINT NAME)

and understand the attached job description adopted or revised by Resolution 2021-06-12 dated
July 1, 2021 for the position of Maintenance II.

Signature

Date