



## APPLICANT INFORMATION:

East Larimer County Water District has a position open for a Water Distribution Operator and Inspector. Position will remain open until filled.

Complete and return the following forms:

- Completed Application for Employment
- Resume

To apply for the position, please send the above forms to:

Melissa Tremelling at [melissat@elcowater.org](mailto:melissat@elcowater.org)

Or

Mail to:

PO Box 2044  
Fort Collins, CO 80522

If your application is selected for consideration you will be contacted to schedule an interview.

# **East Larimer County Water District Job Description**

## **Water Distribution System Operator and Inspector**

### **Summary**

Performs a variety of skilled and semi-skilled duties in the operation, maintenance, construction, repair and inspection of public water distribution systems to ensure adequate water supply for human consumption.

### **Essential Duties and Responsibilities:**

Duties and responsibilities will include but not be limited to:

- Installation, operation, repair and maintenance of all aspects of the utility's water mains, pump stations, tanks, meters, services and other associated infrastructure.
- Inspection of new water distribution system construction to verify the installation and testing of the system is per the utility's standards and specifications.
- Provides general customer service to customers. Responds to on-site requests and inquiries from public. Posts general notices and non-payment notices on properties within the District; turns water services off and on as required.
- Deliver notices to customers, and functions as a customer service representative.
- Competent and safe use/operation of a wide range of hand and power tools, light duty vehicles (pick-up trucks) and machinery.
- Other duties as may be assigned.

### **Qualifications**

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 functions.

### **Education and Experience**

High school diploma or general education degree (GED). 3 years experience in water line inspection, construction or water distribution system operation and maintenance; or equivalent combination of education and experience.

Must pass background check and drug test.

### **Language Skills**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, construction drawings, specifications and procedure manuals; Ability to effectively communicate and present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

### **Reasoning Ability**

Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with and resolve problems.

### **Certificates, Licenses, Registrations**

Current driver's license is required; Colorado Water Distribution Operator Class 2 license required within 6 months of hire; Class A Commercial Driver's License (CDL) required within 12 months of hire.

### **Preferred Skills and Abilities**

Experience and competency operating backhoe and/or other construction equipment; Computer literacy including knowledge of and ability to use numerous software including GIS, Microsoft Office and database software.

### **Other Job Requirements**

Work overtime and on weekends as workload/water line leaks requires. Take on-call duty (for

seven days) on rotational basis. Respond to after-hour emergencies. Must live within 1 hour of the District for on-call response requirements.

### **Supervisory Responsibilities**

This job has no supervisory responsibilities.

### **Physical Demands**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly required to stand, walk, use hands to finger, handle, or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk and hear and taste or smell. The employee is occasionally required to sit and climb or balance. The employee must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 80 pounds. Specific vision abilities required by this job include close vision, distance vision and depth perception.

### **Work Environment**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly exposed to wet and/or humid conditions; moving mechanical parts and outside weather conditions. The employee is occasionally exposed to fumes or airborne particles; toxic or caustic chemicals and vibration. The noise level in the work environment is usually loud.

### **Competencies**

To perform the job successfully, an individual will be expected to demonstrate the following competencies during their employment:

- Identifies and resolves problems in a timely manner.
- Strives to continuously build knowledge and skills; Shares expertise with others.
- Responds promptly to customer needs.
- Meets commitments.
- Balances team and individual responsibilities.
- Works ethically and with integrity.
- Follows policies and procedures.
- Completes administrative tasks correctly and on time.
- Exhibits sound and accurate judgment.
- Accepts responsibility for own actions.
- Observes safety and security procedures; Reports potentially unsafe conditions; Uses equipment and materials properly.
- Attendance/Punctuality - Is consistently at work and on time.
- Asks for and offers help when needed.

### **Compensation**

\$22.00 - \$30.21 per hour depending on experience and certifications.

**Benefits**

Health, Dental & Vision Insurance

Health Reimbursement Arrangement (HRA)

Paid Time Off and Sick Leave Accrual

Life Insurance

Public Employees Retirement Association (PERA) <https://www.copera.org/>

401(K) & 457 Plans



# EAST LARIMER COUNTY WATER DISTRICT APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Email Address			

Are you 18 years of age or older? . . . . . Yes  No   
(If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation?  
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) . . . . . Yes  No   
If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business  
or employment outside of our job? . . . . . Yes  No   
If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No   
Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_  
Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No   
If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) \_\_\_\_\_

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			
What machines or equipment can you operate that relate to the job for which you are applying? _____			

**W  
O  
R  
K  
  
H  
I  
S  
T  
O  
R  
Y**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE

**R  
E  
F  
E  
R  
E  
N  
C  
E  
S**

Have you worked or attended school under any other names? . . . . . Yes  No   
 If yes, give names: \_\_\_\_\_

Are you presently employed? . . . . . Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? . . . . . Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the organization's representative for details.