

Job Posting

The City of North Tonawanda is currently accepting applications for the position of Superintendent of Wastewater/Water. Applications including resumes should be sent to Mayor Arthur Pappas, 216 Payne Avenue, North Tonawanda NY 14120 and must be post marked by Friday January 8th, 2021. This is a Niagara County Civil Service position and a Civil Service exam will be required.

For Job Description and Qualifications visit the City of North Tonawanda's Website @ www.northtonawanda.org

DEPARTMENT: NORTH TONAWANDA WASTEWATER/WATER
CLASSIFICATION: COMPETITIVE
APPROVED: draft 12/21/2020

SUPERINTENDENT OF WASTEWATER/WATER

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for the planning, direction and supervision of the operation and maintenance of a wastewater treatment facility with an other than activated sludge process plant; a water treatment facility and pumping station equipment; the Industrial Pretreatment Program; the Waste Hauler Discharge System; and the water distribution system and line maintenance. The Superintendent performs a broad range of administrative, supervisory and technical duties in carrying out his assigned responsibility. The work is performed under the general direction of the Mayor and Common Council with considerable latitude given for the exercise of independent judgment in carrying out assignments and dealing with emergency situations. The work is reviewed through conferences and reports. Supervision is exercised over all plant operation, maintenance and laboratory personnel. Administrative supervision is exercised over a wide variety of water treatment plant operations, maintenance, purification and business management activities.. Does related work as required.

TYPICAL WORK ACTIVITIES:

1. Plans, directs and supervises the operation and maintenance of a wastewater treatment facility, a water treatment facility, and pumping station equipment in compliance with regulations to ensure the most efficient and economical use of personnel, equipment and supplies;
2. Supervises the City's Industrial Pre-Treatment Program, including issuing permits, inspecting, monitoring and issuing reports;
3. Supervises the Waste Hauler Discharge System, including issuing permits, monitoring, inspecting, reviewing and billing of outside waste haulers;
4. Supervises the installation, maintenance, and repair of a municipal water distribution system;
5. Develops budget requests, directs the maintenance of budget control and monitors plant expenditures;
6. Maintains accurate records and prepares periodic reports on plant operation and maintenance and directs the preparation and maintenance of a variety of activity, cost analysis, personnel, financial, statistical, and related records and reports;
7. Prepares specifications and recommends the purchase of equipment, machinery, materials, tools, chemicals and other supplies;
8. Attends meetings and conferences to recommend improved procedures and to assist in formulating policy;
9. Provides information for local, State and Federal officials and regulatory agencies, and plant compliance with the State Pollutant Discharge Elimination System (SPDES) permit requirements;
10. Oversees the assignment of plant personnel to work shifts;
11. Supervises the orientation and training of new employees;
12. Plans and directs the construction of new water system installations, and the reconstruction and maintenance of existing water system services and operating facilities;
13. Plans and coordinates water system projects and programs as they relate to other city and public and private activities and functions;
14. Analyzes industrial and population trends, building activity and potential fire protection needs in planning for the present and future water supply;
15. Reviews and adjusts complaints regarding water system activities and projects;
16. Collaborates with the Superintendent of the Department of Public Works to ensure that water and sewer distribution lines and system are maintained in accordance with regulations.

CONTINUED

SUPERINTENDENT OF WASTEWATER/WATER CONTINUED

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Thorough knowledge of the practices used and equipment required in the operation and maintenance of a wastewater treatment facility with an other than activated sludge process plant; thorough knowledge of the operations of a modern wastewater treatment plant; good knowledge of the principles and application of physics, chemistry and bacteriology as applied to wastewater treatment and disposal; thorough knowledge of current developments in the general principles and practices of the operation and maintenance of a municipal water treatment plant; thorough knowledge of the installation, maintenance, operation, and repair of a municipal water distribution system; good knowledge of federal, state and local laws and regulations relating to municipal water system activities; ability to supervise the operation and repair of pumps, valves and related mechanical and electrical equipment, routine laboratory and field tests for control of plant operation, an industrial pre-treatment program, a waste hauler discharge program, and the operation and maintenance of a municipal water treatment plant; ability to analyze business, population, water resource and related trends, to plan for present and future water supply; arrive at logical conclusions and present facts and findings clearly and concisely; ability to exercise sound judgment in the solution of difficult or unusual administrative problems relating to the operation and maintenance of a water treatment plant; ability to plan and supervise the work of subordinates; mechanical aptitude; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

PROMOTIONAL QUALIFICATIONS:

1. One (1) year of permanent competitive status as a Chief Wastewater Treatment Plant Operator, Chief Water Treatment Plant Operator, Water & Wastewater Treatment Plant Maintenance Supervisor, or Sanitary Chemist in the City of North Tonawanda immediately preceding the date of written examination, OR.
2. Three (3) years of permanent competitive status as a Senior Wastewater Treatment Plant Operator or a Senior Water Treatment Plant Operator in the City of North Tonawanda immediately preceding the date of written examination

OPEN COMPETITIVE:

Five (5) years of experience in the operation, maintenance, construction, repair and/or inspection of a municipal water or wastewater system or facility, two (2) of which must have been in a first-line supervisory capacity.



Niagara County Human Resources Department Employment/Civil Service Exam Application

NCCS Revised 5/22/2014

You must complete a separate application for each examination. You must attach a **non-refundable** check or money order (**payable to Niagara County Civil Service**) for each examination.

Position applying for: _____ Examination #: _____

Name: _____ Examination date: _____
Last First Middle

Is additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record? If yes, please provide any such additional names. _____

Mailing Address: _____
Street (or PO Box) City State Zip Code

Residence Address: _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Niagara County for the past one (1) month? Yes No

Home Telephone Number: _____ Other Telephone Number: _____

Email address: _____ Social Security Number (complete): _____ -- --

Have you served in the U.S. Armed Forces? Yes No Dates of active service: From _____ To _____

War-time veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must complete the Application for Veteran Credits form and submit a copy of the discharge papers (form DD-214 Member copy 4) to our office for each examination.

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veteran credits granted you on such list? Yes No

If yes, name the agency that established the eligible list: _____

Are you a citizen of the United States? Yes No If no, do you have a legal right to work in the U.S.? Yes No

Do you have a valid NY State Driver's License? Yes No If yes, what class? _____

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law and may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with existing pre-employment physical and drug testing policy, I may be required to submit to a physical examination and urinalysis test as a condition for employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Signature Date

For Office Use Only

Check/Mo#: _____ Amount of payment: _____ Qualified: Yes No Conditional: _____

Fee: _____ Received by: _____ Reviewed by: _____ Date: _____

Unemployment Waiver: Public Assistance Waiver: Comments: _____

Niagara County Human Resources Department * 111 Main Street – Suite G2 * Lockport, NY 14094
Phone: (716) 438-4071 * Exam Information: (716) 439-7281 * Web-site: www.niagaracounty.com

Niagara County policy prohibits discrimination in employment, program activities, contracting, and procurement against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin.

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

- Were you ever dismissed from any employment for reasons other than lack of work or funds? Yes No _____
 Date _____
 Did you ever resign from any employment rather than face dismissal? Yes No _____
 Were you ever convicted of any violation of law other than a minor traffic violation? Yes No _____
 Do you currently have any criminal charges pending? Yes No _____
 Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable?" Yes No _____
 Did you ever forfeit bail or bond posted to guarantee your appearance in court to answer a criminal charge? Yes No _____

Provide an explanation to any of the above for which you marked "Yes." _____

License/Certification – Submit a copy of the license/certification with your application

Do you have a license, certification, or other authorization to practice a trade or profession? Yes No
 Is this license/certification permanent? Yes No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

High School Education

Have you received a High School Diploma? Yes No Check the highest grade completed 8 9 10 11 12

If yes, provide name & location of the high school or issuing government authority: _____

If no, have you received a General Equivalency Diploma (GED)? Yes No Submit a Copy or Indicate # _____

Education above high school level – Official college transcripts must be submitted if not already on file

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Training

Other training you received (i.e. work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____
_____	_____

Work History – List your **complete** post-high school work history. Include dates, all employers, & reason for leaving. Attach additional sheets if necessary.

Have ever worked for Niagara County? Yes No Date: _____ Department: _____

Start Date(M/D/Y)	End Date(M/D/Y)	Employer	Reason for Leaving

Work Experience – Complete the following Work Experience Form on page 4 for all experience that is **relevant to the position to which you are applying**. Make additional copies of the Work Experience Form and attach to your application as needed. Be sure to include your printed name and signature on all attachments. Volunteer experience must be documented by a statement of verification from the agency representative regarding the number of hours volunteered per week and the activities performed.

- Describe your relevant employment, including military experience, beginning with your current or most recent employment
- **Submission of a resume does not relieve you of the responsibility for completing all sections of this application**
- To receive credit for a job, basic employment information such as address, name & title of supervisor, average number of hours worked, final salary, reason for leaving, specific job duties, your job title, etc. must be completed
- You must provide the percentage of time spent on each duty in order to receive proper credit

Part-time and/or verifiable volunteer experience will be pro-rated according to the following scale:

- * 0 to 7 hours per week = no credit
- * 8 to 15 hours per week = 1/4 credit
- * 16 to 22 hours per week = 1/2 credit
- * 23 to 29 hours per week = 3/4 credit
- * 30 hours or more per week = full-time work

Work/Volunteer Experience Form – one employer per page (make additional copies for each experience relevant to the position applying for)

Candidate Name: _____
 Last First Middle

Start Date: _____ End Date: _____ Final Salary: _____ Hours worked per week: _____
 (Month/Day/Year) (Month/Day/Year) (Hourly or Annual) (Average)

Name, address & phone number of employer: _____

Reason(s) for leaving: _____

Your job title(s): _____

Immediate Supervisor’s name: _____ Title: _____ Phone: _____

Did you supervise anyone? Yes No Number supervised: _____ Type of Supervision: _____
 (general, direct, lead worker)

Description of duties: _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %
 _____ %

Total amount of time (percentages) should equal (100%)

All statements are subject to verification. Do you have any objection to our contacting present or past employers to verify the above? Yes No If yes, comment: _____

Signature

Date