

**JOB POSTING**  
**Village of Mackinaw City**

**POSITION TITLE:** Water & Sewer Operator

**POSTING DATE:**

**Details:**

The Water & Sewer department is seeking qualified candidates for a full-time wastewater and water operator position. Job duties include, but are not limited to, the following:

- Monitor and maintain wastewater treatment plant operations by collecting and analyzing data
- Perform lab work
- Monitor and maintain the municipal water system by collecting and analyzing data
- Perform operational checks and adjustments
- Service and maintain equipment and facilities, including collection and distribution system infrastructure

**Qualifications:**

- Basic knowledge of Windows operating system
- Basic knowledge of Microsoft Office software (Word, Excel, etc.)
- Must be able to lift a minimum of 50 pounds
- Must be able to work outdoors under varying climatic conditions
- Significant experience in water & wastewater treatment operations
- Must have a valid Michigan driver license
- Must have minimum of high school diploma or G.E.D.
- Must possess or be willing to work toward obtaining a Class D wastewater certification and S-3 and D-3 water licenses.

**Salary/Benefits:**

- Negotiated by contract
- Hourly wage based on qualifications
- Paid vacation time
- Health insurance
- Retirement

**Application:**

Submit letter of interest, resume and three professional references to:

Water & Sewer Department

Village of Mackinaw City

Attn: Pat Rivera

P.O. Box 580

Mackinaw City, Michigan 49701

Position will remain open until filled. The village of Mackinaw City is an equal opportunity employer.

# Application For Employment

Village of Mackinaw City

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
                                        LAST                                        FIRST                                        MIDDLE

Address: \_\_\_\_\_  
                                        NUMBER                                        STREET                                        CITY                                        STATE                                        ZIP CODE

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
                                        AREA CODE

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

# Employment Experience

Start with your present or last job. You may exclude organization names which indicate race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

1	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address, City, State, Zip				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address, City, State, Zip				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address, City, State, Zip				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address, City, State, Zip				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason For Leaving				Permission To Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

## Special Skills and Qualifications

Summarize special skills and qualifications Acquired from employment or other experience: \_\_\_\_\_

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Veteran of the US Military Service?  Yes  No If Yes, Branch \_\_\_\_\_

Honorable Discharge?  Yes  No

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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## Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

## Personal References (Not Former Employers or Relatives)

	Name and Occupation	Address	Telephone Number	Best Time to Contact
1				
2				
3				

May we telephone you to follow up on this application at home?  Yes  No If so, best time? \_\_\_\_\_

May we telephone you to follow up on this application at work?  Yes  No If so, best time? \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. 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 understand that neither this application nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I also understand that I am required to abide by all rules and regulations of the employer.

By signing below, and pursuant to Michigan law, I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. I also authorize the employer to whom I am submitting this application to gather or keep a record of my associations, political activities, or communications of nonemployment activities or to both gather and keep such a record.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Personnel Department Use Only			
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer:		
	Date:		
Remarks:			
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment:		
Job Title:	Hourly Rate/Salary:	Department:	
By Name and Title:			Date: