



NOW HIRING A FULL TIME BUILDING MAINTENANCE PERSON

Livingston County Water & Sewer Authority (LCWSA) is seeking a Building Maintenance Person to maintain the Buildings and Grounds at all of the LCWSA facilities and assist the Water/Wastewater Maintenance Staff. 40hrs/week. (\$19.43/hr) with the possibility of advancement.

Please visit our webpage to view a complete job description and to download a job application:

<http://www.co.livingston.state.ny.us/lcwsa.htm>

Application deadline: **Friday, April 16, 2021 at 4pm**. Applications can be submitted by mail or by email to: Attn: Mark Kosakowski, Director of Operations. mkosakowski@lcwsa.us

Livingston County Water & Sewer Authority

1997 D'angelo Dr.

Lakeville, NY 14480

585-346-3523

BUILDING MAINTENANCE PERSON

Livingston County Water & Sewer Authority

DISTINGUISHING FEATURES OF THE CLASS: This is a semi-skilled work involving responsibility for independently performing a variety of mechanical and other building maintenance tasks or for serving as a helper to a journey level worker. In either case, although a working knowledge of one or more trades is necessary, a Building Maintenance Person does not utilize the more skilled journey level techniques for any considerable portion of the time. In addition, the work may involve the operation of a truck, automobile or other automotive equipment. General instructions are received and work is performed under immediate or general supervision, depending upon the nature of the task. The incumbent may provide direction to workers in lower level titles who are assigned to work on a specific job with the incumbent.

TYPICAL WORK ACTIVITIES:

Performs semi-skilled work in masonry, carpentry, electrical and painting operations;
Helps to install and repair wiring systems and electric fixtures and equipment;
Helps to install and repair general plumbing equipment such as sinks, toilets and baths;
Repairs windows, doors, floors, walls and other parts of buildings;
Does interior and exterior painting where quantity rather than fine quality of work performed is the principal object;
Assists in cleaning and repairing boilers, pumps, heaters, pipe lines, valves and traps;
Mixes plaster and concrete and assists in laying brick, plastering walls, finishing concrete work, etc.;
Operates trucks, automobiles, air compressors and other motorized equipment;
Takes part in general grounds maintenance activities;
May maintain and repair grounds equipment such as tractors, lawnmowers, etc.;
May work various hours and respond to after-hour emergency requests as required.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES & PERSONAL

CHARACTERISTICS: Good knowledge of modern buildings and grounds maintenance and repair practices for mechanical and electrical equipment; good mechanical and electrical aptitude; knowledge of small engine repair; manual dexterity; ability to set up, climb and utilize all types of ladders and scaffolding; ability to lift and carry a minimum of 50 pounds; physical condition commensurate with demands of the position.

MINIMUM QUALIFICATIONS: Either:

1. One year of full-time, paid experience on the journey level in one of the recognized skilled trades; or
2. Three years of full-time, paid experience in either general building construction or maintenance work in one or more of the standard building trades, such as carpentry, plumbing, electrical; or
3. An equivalent combination of training and experience as defined in 1 and 2.

SPECIAL REQUIREMENT: Must possess a valid New York State driver's license at the time of appointment and maintain this license throughout employment.

Building Maintenance Person, NC in all divisions

9/4/97, revised 3/12/2010, 8/2/2011, 11/8/2011 (LCWSA – 09/26/18 Special Qualifications)



Livingston County Water & Sewer Authority
APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page.

SUBMIT THE COMPLETED APPLICATION:

(In Person/By Mail) LCWSA, 1997 D'Angelo Drive, PO Box 396, Lakeville, New York 14480.

or
 (Via Email) Attn: Michelle Baines, Executive Director mbaines@co.livingston.ny.us

If you have questions regarding the application, call (585) 346-3523.

POSITIONS OF INTEREST: I would like this application considered for the following job(s):

1. Name:

- a. My full legal name is: _____
 - b. I have have not been known by other names.
 [If you have not been known by other names, proceed to item 2.]
 - c. The other names I have been known by are: _____
-

2. Permanent Legal Residence Address & Daytime Telephone Number:

- a. My permanent residence is located at:

 Number Street/Road

 City State Zip Code
- b. My contact telephone number is (with area code): _____
- c. My e-mail address is: _____
 You may may not use my e-mail address for communications.
- d. I have have not lived at this residence address for at least the four months immediately preceding the filing of this application.
- e. My permanent residence is located in the [complete all parts]:
 _____ School District
 _____ City/Village
 _____ Town
 _____ County
 _____ State

3. **Mailing Address:** My mailing address is the same as different from my permanent legal residence address. [If your mailing address is the same, proceed to item 4. If your mailing address is different, continue.]
a. My mailing address is:

4. **Right to Work in United States:** I do do not have the legal right to accept employment in the United States.

5. **Age:** I am am not at least 18 years of age. [If you are under 18 years of age or if the position you are applying for has age requirements, continue; otherwise proceed to item 6.]

a. My date of birth is: _____

[If you are 18 years of age or older, proceed to item 6; otherwise continue.]

b. I do do not have New York State working papers that allow me to do the type of work for which I have applied. [If you do, proceed to the next item. If you do not, continue.]

c. I am am not currently eligible for New York State working papers that will allow me to do the type of work for which I have applied.

6. **Background Information** [Answer each part of this section. If you answer yes to any part, attach a statement detailing the circumstances of such actions.]

a. **Employment discharge:** Have you ever been discharged from employment for reasons other than lack of work? Yes No

(If you answered "yes", request an "Employment Discharge Information" form, complete & attach to this application.)

b. **Resignation in lieu of termination:** Have you ever resigned from employment to avoid discharge or other disciplinary action? Yes No

c. **Discharge from military:** If you have served in the U.S. Armed Forces, have you been dishonorably discharged? Yes No Never served

d. **Conviction of a crime/Findings of abuse:** Have you ever been:

i. Convicted of a misdemeanor and/or felony crime? Yes No.

ii. Been found guilty of resident or patient abuse? Yes No.

(If you answered "yes" to either or both question(s) in part d, request a "Sworn Statement" form, complete & attach to this application.)

e. **Forfeiting bail bond:** Have you ever forfeited bail bond posted to guarantee your appearance in court to answer a criminal charge? Yes No.

7. Education

a. High School:

i. I did did not graduate from high school. [If you did not graduate from high school proceed to item ii.] The name of the high school I graduated from was:

_____ High School Name

It was located in: _____
City State

[Proceed to item b.]

ii. I do do not have a high school equivalency diploma.

b. **Typing/Keyboarding course.** I have have not completed a typing/keyboarding course.

c. **Undergraduate Studies:** I have completed the following undergraduate studies:

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

d. **Graduate Studies:** I have completed the following graduate studies:

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

e. **Other schools or special courses:** I have completed the following studies or special courses at other schools:

Name of School	
Location of School	
Subject of Study	
Degree or Certification Received	

Applicant's Name: _____

8. Licenses: [If a driver's license or professional license is required for the position, please complete the appropriate parts of this section. If no license is required, proceed to item 10.] I currently hold the following licenses:

a. Driver's Licenses

I do do not have a New York State Driver's license.

I do do not have a New York State commercial motor vehicle driver's license. [If you do not have a commercial motor vehicle driver's license, proceed to item b.]

I have the following endorsements on my commercial motor vehicle driver's license:

Hazardous Materials

Tank

Other, please describe: _____

b. Professional Licenses:

Name of Trade/Profession	
Specialty, if any	
License Number	
Date License First Issued	
Date License Expires	
Agency Issuing License	
State of Agency	

9. Relevant Work Experience: Please describe all work experience that is relevant to the position for which you are applying. This includes relevant volunteer work if permitted as qualifying experience. Complete all sections for each job and provide detailed information.

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of	Year of
Date you left employment	Month of	Year of
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of Your Supervisor		
Describe your job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.	

Applicant's Name: _____

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of	Year of
Date you left employment	Month of	Year of
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of Your Supervisor		
Describe your job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.	

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of	Year of
Date you left employment	Month of	Year of
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of Your Supervisor		
Describe your job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.	

[If there is other relevant work experience, please request additional pages.]

Applicant's Name: _____

10. All Work Experience. List ALL jobs you have held in the last 5 years.

Employer Name	Employer Address	Your Job Title	Start Date	End Date

[If there is insufficient space for all of your jobs, list other positions on an additional sheet and attach to this application.]

11. All Residences. List EVERY address at which you have lived in the last 5 years. (All addresses should be street addresses, not post office boxes.)

Street Address	Town/Village	County	State	Country	Start Date	End Date

[If there is insufficient space for all of your residences, list other residences on an additional sheet and attach to this application.]

12. Professional References. Provide at least 3 *professional* references.

Name	Mailing Address	Telephone Number	How do they know you? (E.g. work, professional association, etc.)

13. Affirmation and Signature: I affirm that the statements made on this application, including any attached papers, are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

Date

Signature of Applicant

NEW YORK AND FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, NON-DISQUALIFYING DISABILITY, MARITAL STATUS, RELIGION OR GENETIC INFORMATION. ACCORDINGLY, NOTHING IN THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO THESE PROTECTED CLASSIFICATIONS OR ANY OTHERS, IN CONNECTION WITH EMPLOYMENT BY LIVINGSTON COUNTY MUNICIPALITIES.

Do not mark in this area. Reserved for use by LCWSA.

Date Received: _____

By: _____

Applicant's Name: _____

**AUTHORIZATION FOR SEARCH AND
EXCHANGE OF INFORMATION
Criminal History Record Checks**

I, _____ [Name of applicant for employment], hereby authorize Livingston County Water & Sewer Authority to submit a request to the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court to conduct a search of any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize and direct the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court that receives such a request to provide all criminal conviction information it possesses about me to Livingston County Water & Sewer Authority, and I hereby release such entities from any and all possible liability associated with the provision of such information and waive any and all rights I may have to bring any legal or equitable cause(s) of action against such persons/entities relating in any way to the provision of information, authorized by this release. This information may be used only by Livingston County Water & Sewer Authority for the purpose of determining my suitability for employment in the position(s) for which I have submitted an application for employment or examination. A copy of this authorization may be accepted as an original.

_____ Signature
Full Legal Name [Print] _____
Date: _____
All Other Names I Am/Have been Known By: _____

EMPLOYMENT REFERENCE LIABILITY RELEASE

I hereby authorize and direct my current and former employer(s) to release to Livingston County Water & Sewer Authority information regarding my employment. Such information may include: job titles held, dates of employment, wages/salary earned, benefits received, performance evaluations, supervisor opinions regarding my job performance, disciplinary records, attendance information, drug & alcohol test results, and any other information requested concerning my employment.

I hereby release my current and former employer(s) from any and all possible liability associated with the provision of information regarding my employment. I waive any and all rights I may have to bring any legal or equitable cause(s) of action against such employer(s) relating in any way to the provision of information, authorized by this release. I acknowledge that I have executed this release freely and that I have had the opportunity to consult with legal counsel before execution of this release.

Date: _____ Signature: _____

Print Full Legal Name: _____

Applicant's Name: _____