Village of Brockport
Employment Opportunity
Public Works Laborer

The Village of Brockport is accepting applications for full-time Public Works Laborer. Possession of a valid New York State Motor Vehicle Operator’s License CDL Class B is required.

Pay and benefits per Union contract. New York State Retirement System.

No Civil Service exam involved. Monroe County residency not required.


Respond with completed employment application directly to Village Clerk.
E-mail to: lmorelli@brockportny.org

or mail to: Village of Brockport Attention: Village Clerk 127 Main Street Brockport, NY 14420.

Application deadline: Noon, Thursday, 7/18/19

By order of the Village Board 7/1/19
Leslie Ann Morelli, Brockport Village Clerk

For publishing in Suburban News & posting on Village website & Village buildings for a minimum of 10 days.
Copy to CSEA President.
LABORER

Code No. 6-12-022
LABOR

DISTINGUISHING FEATURES OF THE CLASS: This is an entry level unskilled position involving a variety of routine heavy and light manual labor tasks. The employee reports directly to and works under the general supervision of a foreman or other higher level employee. The job requires physical endurance. May be required to work outdoors in all kinds of weather, to work overtime, and to be on twenty-four (24) hour call seven (7) days a week for emergencies. Supervision of others is not a responsibility of this class. Does related work as required.

TYPICAL WORK ACTIVITIES: (All need not be performed in a given position. Other related activities may be performed although not listed.)

Assists with installation, maintenance, repair, and cleaning of highway, sewer or water system components;

Assists in construction, patching and grading of roads, and installation of new sidewalks;

Shovels, rakes and tamps asphalt;

Operates snowplow wing;

Removes snow from sidewalks, parking lots, and recreational areas by shoveling or using tractor or pick-up truck and plow;

Collects garbage and rubbish;

Plants and prunes trees, grades lawns, rakes leaves, cuts grass and brush, spades flower beds, cuts wood, and assists in other grounds maintenance activities;

Digs and refills trenches for sewer and water lines, and drainage pipe;

Excavates and backfills for new construction and repairs;

Repairs, cleans and flushes culverts and basins;

Performs general building cleaning tasks such as dusting, sweeping, mopping, and washing;

Fills motor equipment with cement, sand, stone or oil etc.;

Loads and unloads vehicles and trucks;

Directs traffic on road projects;

Picks up dead animals for disposal;

Repairs mailboxes, installs sign or fence posts, and assembles, sets up or removes road signs;
Assists with painting and unskilled carpentry tasks;

Drives pick-up truck or other light vehicle for the delivery of supplies or messages;

Operates motor equipment as a trainee under direct supervision;

Assists a mechanic with equipment repairs, and service equipment by adding fuel, coolant and lubricants;

Operates telephone or two-way radio for emergency dispatching.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good knowledge of the use of hand tools; working knowledge of methods used to maintain and construct roads, sidewalks, catch basins, etc.; working knowledge of ground maintenance activities; working knowledge of building cleaning methods; working knowledge of specific hazards and safety precautions; ability to do heavy manual labor, including lifting; ability to follow instructions; ability to work under direct supervision; ability to establish good working relationships with others; ability to work under all weather conditions; manual dexterity; endurance; dependability; honesty; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: There are no training and experience qualifications.

SPECIAL REQUIREMENTS: Depending on the position duties, candidates for employment with the Monroe County Government will be required to pass a pre-employment drug test.

Possession of a valid New York State Motor Vehicle Operator's License Class D may be required by some jurisdictions. Candidates may be required to pass a physical examination to determine ability to perform manual labor.

Candidates for positions at the Monroe County Department of Aviation must meet the pre-employment requirements of part 107 of the Federal Aviation Administration Regulations prior to appointment.

SPECIAL REQUIREMENT FOR APPOINTMENT IN SCHOOL DISTRICTS AND BOCES: Per Chapter 180 of the Laws of 2000, and by Regulations of the Commissioner of Education, to be employed in a position designated by a school district or BOCES as involving direct contact with students, a clearance for employment from the State Education Department is required.

REVISED: November 10, 1983
REVISED: March 7, 2002
**Employment/Civil Service Exam Application**

<table>
<thead>
<tr>
<th>Qualifying Title:</th>
<th>Qualified</th>
<th>Check # and Bank</th>
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<tbody>
<tr>
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<td>Yes ☐</td>
<td>Waiver ☐ Waiver-e ☐</td>
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<tr>
<td>Qualifying Date:</td>
<td>No ☐</td>
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<td>Qualifying Dept./Jurisdiction:</td>
<td>Reviewer's Initials</td>
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<tr>
<td>Seniority Date:</td>
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<td>Exam Series:</td>
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Position applying for: __________________________
Examination #: __________________________
Name: __________________________
Last First Middle
Examination date: __________________________
State any other name, assumed name or nickname, by which you are/have been known
Mailing Address: __________________________
Street 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 Monroe County for the past four months? ☐ Yes ☐ No
Home Telephone Number: __________________________
Social Security Number: __________________________
Work Telephone Number: __________________________
E-mail address: __________________________
If applying for Police Officer, Deputy Sheriff or Firefighter positions, please indicate date of birth: __________________________
Have you served in the Armed Forces of the U.S.A.? ☐ Yes ☐ No Dates of active service From _________ To _________
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 submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.
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 veterans credits granted you on such list? ☐ Yes ☐ No If yes, name agency that established the eligible list:

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:

- Have you ever been convicted of any violation of law other than a minor traffic violation? ☐ Yes ☐ No
- Do you currently have any criminal charges pending against you? ☐ Yes ☐ No
- Have you ever been removed from any type of employment? ☐ Yes ☐ No

* This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.

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 may result in termination of employment or removal from Civil Service eligibility. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy, I may be required to submit to a 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 __________________________
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<tr>
<th>Are you a citizen of the United States?</th>
<th>Yes □ No □</th>
<th>If no, do you have a legal right to work in the U.S.?</th>
<th>Yes □ No □</th>
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<tr>
<td>Do you have a valid New York State Driver's License?</td>
<td>Yes □ No □</td>
<td>If yes, what class</td>
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<td>Will you accept part-time work?</td>
<td>Yes □ No □</td>
<td>Will you accept temporary work?</td>
<td>Yes □ No □</td>
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### License/Certification

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

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

Licensing Agency: ____________________________ Licensed from: ____________ to: ____________

### Education

Have you received a High School Diploma? Yes □ No □ If no, have you received a General Equivalency Diploma (G.E.D.)? Yes □ No □

Check the highest grade completed: 8 □ 9 □ 10 □ 11 □ 12 □

### Education above high school level

<table>
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<tr>
<th>Name of School</th>
<th>Location (State)</th>
<th>Course or Major</th>
<th>Credit Completed</th>
<th>Type of Degree/Certificate Received</th>
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### Training

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

Course Program: ____________________________ Hours: ____________________________

### Work Experience

Describe your 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. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, final salary, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date: ____________________________ Ending Date: ____________________________

Name & address of current or most recent employer: ____________________________

Salary: ____________________________ Hours worked per week: ____________________________

Reason(s) for leaving: ____________________________

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<tr>
<th>Your job title</th>
<th>Immediate Supervisor’s name</th>
<th>Title</th>
<th>Phone</th>
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Description of duties: ____________________________
# Work Experience (continued)

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<th>Starting Date</th>
<th>Ending date</th>
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<td>Month-Day-Year</td>
<td>Month-Day-Year</td>
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</table>

**Name & address of employer**

__________________________________________________________

**Salary**

__________________________________________________________

**Hours worked per week**

__________________________________________________________

**Reason(s) for leaving**

__________________________________________________________

**Your job title**

__________________________________________________________

**Immediate Supervisor's name**

__________________________________________________________

**Title**

__________________________________________________________

**Phone**

__________________________________________________________

**Description of duties**

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.
Special Arrangements for Examination

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-753-1700 or 585-753-1091 (TDD) no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, you must submit the required fee for each separate examination. The required fee amount for each examination will be listed on the announcement. Enclose a check or money order payable to the Monroe County Director of Finance with this application. WE DO NOT ACCEPT CASH.

Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

Application Fee Waiver Request and Certification

Civil Service Law Section 50.5(b): “...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for support of a household, or are receiving public assistance.”

☐ I am requesting that my application fee(s) be waived in accordance with Section 50.5(b) of the State Civil Service Law for the following reason(s): (check all that apply)
☐ I am totally unemployed and I am primarily responsible for the support of my household. NOTE: Individuals who can be claimed as a dependent on any other person’s tax return ARE NOT eligible for the application fee waiver as head of household.
☐ I am currently eligible for Medicaid
☐ I am currently receiving Supplemental Security Income (SSI) payments
☐ I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) Public Assistance Case Number: _______________________
☐ I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency (e.g. Rochester Works!)

☐ I am a full-time employee of Monroe County represented by CSEA Local 828, Unit 7400 at pay group 10 or below.
   Job title and grade: _______________________

☐ I am represented by the Federation of Social Workers. I am employed at group 52 or below or this exam is in my career path.
   Job title and grade: _______________________

All Fee Waiver Requests are Subject to Verification by Submission of Documentation

******************************************************************************
Affirmation******************************************************************************

I affirm that the information given above is true and correct and that I qualify to receive an application fee waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate’s First and Last Name (Please Print) ____________________________

Candidate’s Social Security Number ____________________________

Candidate’s Signature ____________________________ Date ____________________________

210 County Office Building * 39 West Main Street * Rochester, NY 14614 * (585) 753-1700 * www.monroe county.gov
Monroe County government prohibits discrimination in employment, program activities, procurement and contracting 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 Equal Opportunity Employer