

Water/Wastewater Operator

The City of Breckenridge is accepting applications for a Water/Wastewater Operator in the Public Utilities Department. This position has general responsibilities in the municipal wastewater treatment system and the water distribution system. Applicants must have or be able to obtain Class D licenses for water and wastewater and a CDL with tanker endorsement within one year. This is a full-time position with great benefits and annual salary range from \$48,010 to \$57,327. Applications and complete job description available at City Hall or via www.breckenridgemn.net, or by contacting Liane Mauch at лмауч@breckenridgemn.net or (218) 643-1431. Applications, along with resume and cover letter, accepted until 5PM on October 26th or until position is filled. EEO.

Water/Wastewater Operator

Dept/Div: Utilities/N/A

FLSA Status: Non-Exempt

General Definition of Work

Performs intermediate technical work maintaining and repairing equipment in the wastewater and water control system, monitoring and maintaining sanitary and storm sewers, responding to emergency or after hour requests, and related work as apparent or assigned. Work is performed under the limited supervision of the Water/Wastewater Foreman.

Qualification Requirements

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable an individual with disabilities to perform the essential functions.

Essential Functions

Takes and tests samples; adds and adjusts chemical feeders and monitors related systems and equipment.

Responds to system alarms indicating service is needed.

Uses a variety of equipment and tools to install, maintain, clean, flush and/or replace equipment or system components.

Locates utility lines prior to service.

Hauls waste to external facility.

Assists with other utility and public works service crew needs.

Knowledge, Skills and Abilities

Thorough knowledge of the processes and treatment stages involved in water and wastewater treatment; thorough knowledge of state and federal rules and regulations; general knowledge of standard office practices, procedures, equipment and office assistance techniques; general knowledge of business English and spelling; general knowledge of arithmetic; some knowledge of city and department programs and policies; general skill operating standard office equipment and related hardware and software; general skill learning specialized software, equipment or tools based on department or organization need; ability to read and understand basic local and state policies and procedures of limited scope and difficulty; ability to read and interpret documents such as safety rules, operating and maintenance instructions and procedure manuals; ability to write routine reports and correspondence; ability to deal with problems involving several concrete variables in standardized situations; ability to understand and carry out oral and written instructions; ability to establish and maintain effective working relationships with associates, vendors and the general public.

Education and Experience

High school diploma or GED and minimal experience as an operator, or equivalent combination of education and experience.

Physical Requirements

This work requires the regular exertion of up to 25 pounds of force and occasional exertion of over 100 pounds of force; work regularly requires standing, walking, speaking or hearing and using hands to finger, handle or feel, frequently requires reaching with hands and arms and lifting and occasionally requires sitting, climbing or balancing, stooping, kneeling, crouching or crawling, tasting or smelling, pushing or pulling and repetitive motions; work requires close vision, distance vision, ability to adjust focus, depth perception, color perception, night vision and peripheral vision; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinctions in sound; work requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, using of measuring devices, assembly or fabrication of parts within arms length, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; work regularly requires exposure to outdoor weather conditions and exposure to bloodborne

Water/Wastewater Operator

pathogens and may be required to wear specialized personal protective equipment, frequently requires working near moving mechanical parts and exposure to fumes or airborne particles and occasionally requires wet, humid conditions (non-weather), working in high, precarious places, exposure to toxic or caustic chemicals, exposure to extreme cold (non-weather), exposure to extreme heat (non-weather), exposure to the risk of electrical shock and exposure to vibration; work is generally in a moderately noisy location (e.g. business office, light traffic).

Special Requirements

Class D wastewater license.

Class D water license.

Applicable position, department, organization and professional training will be provided and must be completed upon hire and on an ongoing basis.

Valid commercial driver's license with tanker endorsement in the State of Minnesota.

Last Revised: 6/18/2012

City of Breckenridge
Water/Wastewater Operator
Salary & Benefits Summary
Effective January 1, 2021

1. Wages (2021) - annual salary is \$48,010 - \$57,327 depending on experience

Title	2021 Payscale						
	1	2	3	4	5	6	7
Water/Wastewater Operator	48,010.57	49,450.89	50,934.41	52,462.44	54,036.32	55,657.41	57,327.13

2. Insurance

- **Health:** The employer pays up to a maximum of \$1400 of the group coverage of the family plan. Employer pays up to \$840 of the single coverage for full-time employee.
- **HSA:** The Employer will contribute \$3000 to an HSA account for family coverage and \$1500 for single coverage each year.
- **Dental:** Employer provides a single dental plan for the employee. Family coverage is available at the cost of the employee.
- **Life:** \$30,000 Life and \$30,000 accidental insurance is provided for employee with additional coverage available at employee's expense.

3. Sick Leave

- 1 day per month

4. Vacation - accrued monthly

- 0-5 years 6.67 hours per month
- 6 years & up .66 hours extra per month for each year in progression
- Maximum vacation 16.67 hours per month (reached at 20th year)

5. Longevity – additional monthly pay

- Beginning 6th year \$10.00/month
- 8th year 20.00
- 10th year 30.00
- 12th year 40.00
- 14th year 50.00
- 16th year 60.00
- 18th year 70.00
- 20th year 80.00
- 22nd year 90.00
- 24th year 100.00

6. Retirement

- The City is enrolled in Public Employees Retirement Association (PERA). Each employee contributes 6.50% of their gross pay and the City pays in 7.50% of the employees gross each pay period. The City is on a semi-monthly payroll.

7. Holidays

- 11.5 paid holidays per year

If you have questions, please contact Liane at 218.643.1431 or lmauch@breckenridgemn.net.

City of Breckenridge
Water/Wastewater Operator
Salary & Benefits Summary
Effective January 1, 2022

1. Wages (2022) - annual salary is \$49,451 - \$60,818 depending on experience

Title	Grade	1	2	3	4	5	6	7	8
Water/Wastewater Operator	4	49,450.89	50,934.41	52,462.45	54,036.32	55,657.41	57,327.14	59,046.94	60,818.35

2. Insurance

- **Health:** The employer pays up to a maximum of \$1,580 of the group coverage of the family plan. Employer pays up to \$840 of the single coverage for full-time employee.
- **HSA:** The Employer will contribute \$3000 to an HSA account for family coverage and \$1500 for single coverage each year.
- **Dental:** Employer provides a single dental plan for the employee. Family coverage is available at the cost of the employee.
- **Life:** \$30,000 Life and \$30,000 accidental insurance is provided for employee with additional coverage available at employee's expense.

3. Sick Leave

- 1 day per month

4. Vacation - accrued monthly

Years of Service	# of Days per Year	# of hours earned month
Starting Year 1	12	8
Starting Year 2	13	8.67
Starting Year 3	14	9.33
Starting Year 4	15	10
Starting Year 5	16	10.67
Starting Year 6	17	11.33
Starting Year 7	18	12
Starting Year 8	19	12.66
Starting Year 9	20	13.33
Starting Year 10	21	14
Starting Year 11	22	14.67
Starting Year 12	23	15.33
Starting Year 13	24	16
Starting Year 14	25	16.67
Starting Year 15	26	17.33

5. Longevity – additional monthly pay

-	Beginning 6 th year	\$10.00/month
	8 th year	20.00
	10 th year	30.00
	12 th year	40.00
	14 th year	50.00
	16 th year	60.00
	18 th year	70.00
	20 th year	80.00
	22 nd year	90.00
	24 th year	100.00

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If you have questions, please contact Liane at 218.643.1431 or Imauch@breckenridgemn.net.

Application for Employment

We welcome you as an applicant for employment with the City of Breckenridge. It is the City of Breckenridge's policy to provide equal opportunity in employment. The City of Breckenridge will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of Breckenridge accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Liane Mauch at (218) 643-1431.

Personal Information

Name:	(Last)	(First)	(MI)
Street Address			
City, State, Zip			
Phone Number		Alternate Phone	
Email			

Please print in INK or type when completing this application

Title of position applying for:	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work (seasonal applicants only):	____/____/____

How did you hear about this position? Newspaper (be specific): _____

Online (be specific): _____ Other (be specific): _____

Educational Information

Indicate the highest grade completed			
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate
Did you graduate: (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>High School</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>College/Technical</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Graduate JD</i>

School Name	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application. Please include a minimum work history of 10 years.

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Experience Continued

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Unsalariated Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

Military Experience

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

Describe your duties:

Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of Breckenridge by the application deadline of the position for which you are applying.

Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Breckenridge is "at will," and that employment may be terminated by either the City of Breckenridge or me at any time, with or without notice.

With my signature below, I am providing the City of Breckenridge authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?," contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Breckenridge in writing of any changes to information reported in this application for employment.

Signature

Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Breckenridge operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Breckenridge.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last) (First) (MI)	Position For Which You Applied		
Closing Date:			
Address (Street) (City) (State) (Zip)	Phone Number	Are you a US Citizen or Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO	

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran ☐ Yes ☐ No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever been promoted within the City of Breckenridge employment? ☐ Yes ☐ No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: _____ Have you remarried? ☐ Yes ☐ No

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Breckenridge by the required application deadline.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Breckenridge. Please contact our office at (218-643-1431) or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Breckenridge appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

☐ Black or African American

☐ Hispanic or Latino

☐ American Indian or Alaskan Native through Tribal affiliation or community recognition

☐ Caucasian/White

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? ☐ Yes ☐ No

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Breckenridge. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Breckenridge, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;

Applicant Data Practices Advisory Continued

- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements.¹ Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City Administrator, City of Breckenridge, 420 Nebraska Avenue, Breckenridge, MN 56520. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

¹ A city will want to review Minn. Stat. §363A.36 to determine whether it is required to have a formal Affirmative Action Program in place. If a formal plan is not in place, work with your legal counsel to review this sentence as appropriate.