



CITY OF ORRVILLE  
207 N. Main Street  
Orrville, Ohio 44667

## Power Plant Technician

(330) 684-5047

The City of Orrville Department of Public Utilities seeks applicants for a Power Plant Technician 2. This is semiskilled to skilled work in the operation of high-pressure steam boilers, turbines, fuel and ash systems and other equipment in an electrical power generation plant. Positions in this class also operate the ash handling systems and inspect, lubricate, and service boiler auxiliary equipment according to an established routine. Workers will also assist in the operation of turbines and other plant equipment, perform non-skilled and semi-skilled tasks involving installation and maintenance of plant equipment, buildings and systems for city utilities.

**Qualifications:** Must have graduated from high school (or GED and obtained certification in 2 or more maintenance trades, including but not limited to Industrial Maintenance, Machining, Welding, Electric, HVAC, or Instrumentation and Controls; considerable experience in skilled and semiskilled mechanical and/or electrical equipment and utility maintenance tasks, or any equivalent combination of experience and training which provides the required knowledge, abilities, and skills. Experience in a power plant or industrial setting preferred. Applicants must have a high school diploma or equivalent, must be a United States Citizen or have legally declared their intentions of becoming a United States Citizen. Candidates must be able to perform the essential functions of the position with or without reasonable accommodation and be drug free. Pay range \$25.68 - \$32.12/hour, plus benefits. **NOTE: The City of Orrville will not consider for employment nor, hire any individual who smokes or uses any form of tobacco products.**

**Military Credit:** Applicants who have been honorably discharged from active duty in the armed forces of the United States are eligible to receive an additional credit of 10% if they receive a qualifying (passing) score. A copy of the DD-214 must be submitted along with the application for examination. No credit will be given if the appropriate documentation is received after the deadline for applications.

**Application Period:** Beginning immediately and ending at **5:00 p.m. Monday, September 14, 2020**. Applications are available at [www.orrville.com](http://www.orrville.com). All applications must be mailed, emailed to [pmcfarren@orrville.com](mailto:pmcfarren@orrville.com) or hand-delivered to the Human Resources office at 207 N. Main Street, Orrville, Ohio 44667. **Position is by application and Civil Service Exam only. Resumes will be returned unless accompanied by a completed application. No online applications will be accepted.**

**Examination Date: Tuesday, September 15, 2020, 8:00 p.m.** Allow a minimum of 1 hour for the examination. Please remember the date, time and location of the examination. You will be contacted only if it appears you do not qualify for testing, otherwise report for the exam. You will not be given any other notice or reminder regarding this exam.

**Identification:** In order to be admitted to the exam, you will be required to show a picture ID card to the examiner.

**Location of Examination:** Schmid Hall (501 Hall Street, Orrville, Ohio 44667) located at the dead end of Hall Street, just North of West High Street in Orrville.

The City of Orrville is an equal opportunity employer. Reasonable accommodation or testing will be made for applicants with disabilities with 72 hours notice.



# City of Orrville Application For Employment



David T. Handwerk  
Mayor

207 North Main Street, Orrville OH 44667  
Phone: 330-684-5047

Philip C. McFarren  
Human Resources Manager

**COMPLETE ALL SECTIONS AND EACH QUESTION COMPLETELY AND ACCURATELY**

**Resumes are not a substitute for the completion of this application.**

**City of Orrville Mission Statement:**

**To provide quality services in a timely and efficient manner to ensure Orrville continues to be an exceptional Community.**

The City does NOT consider for employment or hire any individual who smokes or uses any form of tobacco.

## PERSONAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Application</b>
<b>Address: Number &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Numbers:</b> Home: (____) _____ Business: (____) _____ Cell: (____) _____	<b>e-mail Address</b> _____	<b>Social Security Number</b> ____ - ____ - ____	

**Position Applied For:**

## MILITARY INFORMATION

**COMPLETE THIS SECTION IF YOU SERVED IN THE US ARMED FORCES**

<b>Branch of Service</b>	<b>Rank at Discharge</b>	<b>Discharge Date</b>	<b>Type of Discharge</b>
<b>Length of Active Duty</b>	<b>Years:</b>	<b>Months:</b>	
<b>Describe Your Duties and Any Special Training</b>			
_____			
_____			
_____			

**TO RECEIVE MILITARY CREDIT, YOU MUST SUBMIT PROOF OF HONORABLE SEPARATION (DD-214) BY APPLICATION DEADLINE.**

## EDUCATION

	School Name and Address	Years Completed (Circle)	Diploma/Degree (Year Grad.)	Describe Course of Study	Describe Specialized Training, Apprenticeship and Skills
<b>High School</b>		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
<b>College/ University</b>		1 2 3 4			
<b>Graduate/ Professional</b>		1 2 3 4			
<b>Other (Specify)</b>					

Describe any specialized training, apprenticeships, and/or skills including OPOTA, CDL and other endorsements or other state held licenses:

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## ADDITIONAL INFORMATION

Are you currently employed? .....  Yes  No

If yes, may we contact your current employer?.....  Yes  No

Are you prevented from being lawfully employed in the U.S. because of visa Or immigration status? (Proof of citizenship/immigration status required for hire).....  Yes  No

Do you now use or have you used any form of tobacco within the past six months? .....  Yes  No

# EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include military service assignments. Attach additional pages if necessary. **All sections must be completed.**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

## REFERENCES (persons not related to you)

1. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
2. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
3. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____

## APPLICANT'S STATEMENTS

**READ EACH STATEMENT BELOW AND INITIAL EACH STATEMENT WHICH YOU UNDERSTAND AND AGREE TO ACCEPT:**

1. By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

Initials: \_\_\_\_\_

2. I understand that if I am selected for employment, my employment is conditioned upon my passing a pre-employment physical and drug test and may also, depending upon the position I am applying for, be conditioned upon passing a criminal background check.

Initials: \_\_\_\_\_

3. The City of Orrville is an equal opportunity employer and we consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.

Initials: \_\_\_\_\_

4. I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with the City of Orrville, my continued employment is conditioned upon my maintaining the operator's license required for such position.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature