



CITY OF ORRVILLE
207 N. Main Street
Orrville, Ohio 44667
(330) 684-5047

Lineworker 1

The City of Orrville seeks applicants for a Line Worker 1 position. Individuals in this classification serve as a ground person and duties include preparing material for higher level Line Workers, observing work activities around energized circuits for hazards, operating assigned equipment, working on dead or low voltage circuits, stocking line trucks with necessary supplies and equipment, trimming trees, attending training sessions to prepare for advancement, plus other duties related to the construction, maintenance and extension of electric lines.

Qualifications: 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, plus have specialized training and/or experience in line work that includes verifiable training and experience in climbing. Must have a valid Ohio Drivers' license and eligible to obtain CDL during the probationary period. Candidates must be able to perform the essential functions of the position with or without reasonable accommodation and be drug free. Pay range \$24.21 - \$30.26/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, November 14, 2022. Applications are available at www.orrville.com. All applications must be emailed to hr@orrville.com. 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: Wednesday, November 16, 2022, 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. Calculators are not permitted. You will not be given any other notice or reminder regarding this exam. Passing candidates will also be administered a practical 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.

Special Notice: Those candidates who qualify for the practical exam must provide their own tools, climbing equipment and must sign a waiver.

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

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

Position Applied For:

MILITARY INFORMATION

COMPLETE THIS SECTION IF YOU SERVED IN THE US ARMED FORCES

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

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
High School		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
College/ University		1 2 3 4			
Graduate/ Professional		1 2 3 4			
Other (Specify)					

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

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				

Employer		Dates Employed		Work Performed
		From	To	
Address				
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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				

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

QUALIFICATIONS FOR TESTING

Lineworker 1-3

Yes	No	1. Do you have a valid Ohio Driver's License?
Yes	No	2. If you do not already have a Class A CDL, are you able to obtain a CDL during the probationary period (180 Days)?
Yes	No	3. Have you successfully completed an accredited/certified formal Lineworker training program. If yes, where did you attend? Include a copy of your certificate(s) _____ If no, what relative vocational experience have you had? _____ _____
Yes	No	4. Do you have experience and/or specialized training in the methods, practices, equipment and tools used in the construction and maintenance of <u>overhead power lines</u> ? If so, where did you obtain it, how long, what did you do? Include a copy of any certificate(s). _____ _____ _____
Yes	No	5. Do you have verifiable training and experience in climbing?
Yes	No	Do you have your own climbing equipment? Where were you trained and how long have you been climbing? _____ _____ _____
Yes	No	6. Do you have any closely related experience as mentioned above? If yes, where, how long, and what did you do? _____ _____ _____
Yes	No	7. Can you pass a practical exam by climbing a 40' pole and hanging a set of pre-assembled 8' double cross arms?
Yes	No	Are you willing to sign a waiver and release form?