



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

**City of Orrville  
Lineworker 3**

The City of Orrville – Department of Public Utilities seeks applicants for a Lineworker 3 position. Line distribution work performed by this level of Line worker is carried out with the conductors energized. Positions in this class must have the skills necessary to work with all voltages including primary lines. A Lineworker 3 acts as a crew leader and participates in the training and instruction of new employees and subordinates and may serve as a Line Supervisor in his/her absence. A Lineworker 3 is the senior skill level engaged in performing journey level work and lead line installation and maintenance work. Employees at the 3 level construct and maintain all transmission, distribution and telecommunication systems and perform all phases of primary, secondary, overhead, and underground work.

**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. Graduation from high school (or GED) and considerable work experience at the level of Lineworker III; or any equivalent combination of experience and training which provides the required knowledge, abilities, and skills.

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 \$30.82 - \$38.53/hour, plus benefits.

**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 score (70%). 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:** Applications are only available for download at [www.orrville.com](http://www.orrville.com). Completed applications must be emailed to [hr@orrville.com](mailto:hr@orrville.com) by 5:00pm, Monday, June 6, 2022.

**Exam Date:** 8:00pm, Thursday, June 9, 2022. Allow a minimum of 1 hours for the examination. Calculators permitted. 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.

**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: 330-684-5000

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
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:

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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				

Employer		Dates Employed		Work Performed
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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