

## MENARD COUNTY HIGHWAY MAINTAINER

### Distinguishing Features of Work:

Under direct supervision, performs maintenance and repair of roads, bridges, signs and related functions by semiskilled operation of tools, equipment, and light and heavy vehicles; may function as crew leader. Ability to learn maintenance and operation of asphalt mixing plant. May be required to remain standing for prolonged periods of time when flagging, patching or trimming weeds. General duties may require strenuous work for prolonged periods in extreme weather, up to 100 degrees and low winter temperatures. Perform other duties as assigned or required which are reasonable within the duties mentioned below.

### Examples of Work:

Repair and patch bituminous and other road surfaces. Spreading patch material from back of trucks (requires lifting and turning with weight in excess of 50 lbs).

Installation of various types of signs.

Cut grass, trim weeds and brush, both manually and with chain saws. Pick up trash and dead animals (deer) along roadways and bridges. (May result in heavy lifting and turning).

Operate trucks, tractors, mowing machines, snow plows, cinder spreaders, motor graders, loaders, backhoe and other equipment. Operating snow removal trucks equipped with snow plow and salt spreader may require overtime for prolonged periods as needed during snow removal operations.

Assists in servicing equipment such as trucks, tractors, mowing equipment, snow plows, cinder spreaders and other highway equipment. Maintain equipment maintenance records.

Perform routine housekeeping duties by cleaning, maintaining stock of piles of materials and other tasks associated with the general care of the work area.

Performs herbicide-spraying operations in right-of-way areas by using hand sprayer, driving a truck, and/or operating a pressure sprayer.

# MENARD COUNTY HIGHWAY DEPARTMENT

15620 Chautauqua Road

Petersburg IL 62675

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**\*\*EQUAL  
OPPORTUNITY  
EMPLOYER\*\***

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
and salary desired (2) \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license

number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

OFFICE ONLY

Typing ☐ Yes  
☐ No \_\_\_\_\_ WPM

10-key ☐ Yes  
☐ No \_\_\_\_\_

Word Processing ☐ Yes  
☐ No \_\_\_\_\_ WPM

Personal ☐ Yes ☐ PC  
Computer ☐ No ☐ Mac

Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the past ~~ten~~ years beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From	
		To	
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

## AUTHORIZATION AND CERTIFICATION

*Please read and initial each of the following statements. If you have a question regarding any of these statements ask for assistance prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.*

- \_\_\_\_\_ I hereby certify that all the statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief without omissions of any kind. I agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal. I agree that Menard County shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.
- \_\_\_\_\_ I authorize any person contacted to provide Menard County any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any records from my present and/or former employers. I release and hold harmless Menard County, its officers, agents, and employees, and the persons providing the information from any liability, related to the providing of this information.
- \_\_\_\_\_ I understand that I may be required to successfully pass a drug/alcohol test and/or pre-employment physical exam to gain employment or continue employment with Menard County. I consent freely and voluntarily to participate in required drug/alcohol tests and/or a pre-employment physical exam at a location selected by Menard County, and consent to the release of the test results to Menard County. I hereby release and hold harmless Menard County, its officers, agents, and employees, and the laboratory, its employees, agents and contractors from any liability whatsoever, arising from the drug/alcohol tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.
- \_\_\_\_\_ I authorize Menard County, its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless Menard County, its officers, agents and employees, and the persons providing the information, from any liability related to the performance or result of this check.
- \_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand the Menard County maintains a drug-free, alcohol-free and violence-free workplace.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach Resume and additional pages if necessary.  
This application for employment remains on file for six (6) months only.  
Please renew your application after six (6) months.

## SUPPLEMENTAL QUALIFICATIONS QUESTIONNAIRE:

Using one of the following three codes (F-O-S), please indicate the extent to which you have participated in each of the following tasks by writing the code letter on the appropriate line. By participate, we mean that the majority of the work was done by you personally, and that the completed project represented your work.

"F" (frequently – I have performed this task so many times it is difficult to give precise figure)

"O" (occasionally – I have performed in the area more than three or four times but not on a steady basis)

"S" – (seldom – never – I have not performed this type of work or, if I have, it has been only a couple of times, thus I am not experienced in this area)

\_\_\_\_\_ Operate dump truck

\_\_\_\_\_ Operate motor grader

\_\_\_\_\_ Operate front-end loader

\_\_\_\_\_ Operate backhoe

\_\_\_\_\_ Haul trailer over 25' in length

\_\_\_\_\_ Operate farm-type tractor

\_\_\_\_\_ Operate brush-type mower

\_\_\_\_\_ Operate chainsaw

\_\_\_\_\_ Perform tree removal activities

\_\_\_\_\_ Perform flagging or traffic control

\_\_\_\_\_ Setup signing for work zones

\_\_\_\_\_ Participate in the construction and maintenance of roads and bridges

\_\_\_\_\_ Blade gravel roads or prepare grades

\_\_\_\_\_ Work with asphalt or concrete

\_\_\_\_\_ Conduct pre- and post-trip inspections of equipment

\_\_\_\_\_ Keep accurate and complete records of work accomplished for payroll and billing purposes

\_\_\_\_\_ Listen to concerns from the public and explain policies and procedures

\_\_\_\_\_ Have you ever plowed snow with any type of truck? Please specify dump truck or pickup, etc.

\_\_\_\_\_