

HEAVY EQUIPMENT OPERATOR

NATURE OF WORK

Operates heavy and complex equipment, such as cranes, yard tractors, bulldozers, compactor/excavators or wheel loaders in a safe and effective manner.

Work is performed under regular supervision and is carried out in accordance with standardized equipment operation practice and general work instruction. Direction is given through oral and written communications.

CRITICAL ELEMENTS OF PERFORMANCE

Safely and efficiently operates assigned equipment in excavating, loading, spreading, covering and compacting earth and/or solid waste. Depending on location of the assignment, may be required to do any of the following:

- Grade, compact, load, move, transfer, and shape earth, mulch, compost, and/or waste.
- Operate equipment in spreading, compacting or covering waste.

Inspects equipment for proper operating condition and loose or worn parts, maintain basic fluid levels on assigned equipment. Reports defects or damage to equipment to the appropriate authority.

Observes instruments and surroundings while vehicle is in motion.

Responsible for the proper use, loading, operation and cleanliness of the equipment.

Reports defects or damage to equipment to the appropriate authority.

Performs routine clerical duties such as completing station logs, field and time reports and requisitions.

Loads trailers in a safe and efficient manner.

Participates in cleanup activities as directed.

Performs other duties as required and/or requested.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED TO PERFORM THE JOB

Thorough knowledge of heavy equipment, the components and operating techniques of type of equipment assigned.

Thorough knowledge of the occupational hazards and safety precautions of heavy equipment of

the type assigned.

Thorough knowledge of standard practices used in moving, compacting and shaping earth for a variety of drainage and utility purposes.

Good knowledge of traffic and safety rules and accident prevention.

Skill in interpersonal relations and the exercise of good judgment and discretion in order to deal effectively with employees, vendors, customers, and the general public.

Ability to understand and follow oral and written directions given in English.

Ability to operate light and heavy industrial and/or earth moving equipment.

Skill in the safe and efficient operation of assigned equipment under adverse conditions.

Some mechanical knowledge and skill.

MINIMUM QUALIFICATIONS

Any combination equivalent to high school graduation and three years in the operation of heavy construction equipment with at least one year as the primary operator of assigned equipment. Experience requirement may be reduced if the candidate has successfully completed an approved SPSA on-the-job training course.

Elements for this position may vary with the same job title based on position's location.

Ability to perform the essential functions of the job.

ACCOUNTABILITIES

HEAVY EQUIPMENT OPERATOR

1. Ensures safe, efficient and timely operation of all assigned equipment. Performs assigned duties in a safe and productive manner. Performs daily preventive maintenance and safety checks in a timely and effective manner. Monitors performance of assigned equipment and provides accurate and timely reports of deficiencies or other needs to supervisor.
2. Knows and follows all spotter rules. Safely directs traffic and keeps wait time to a minimum. Maintains safe distances between vehicles and equipment.
3. Effectively monitors waste stream for hazardous and dangerous materials.
4. Maintains clear and concise communication, and courteous, professional relationships with SPSA employees at all levels of the hierarchy, government officials, vendors, and external customers. Exhibits skill in interpersonal relations and the exercise of good judgment and discretion in order to deal effectively with people of diverse backgrounds and experience levels.
5. Follows SPSA policies and procedures. Demonstrates SPSA's mission statement and shared values in daily actions, service, appearance, and attitude. Represents the department in a manner which demonstrates pride, competence, integrity and professionalism.

ALL APPLICANTS MUST READ AND SIGN THIS FORM AS PART OF THE APPLICATION PROCESS

**AMERICANS WITH DISABILITIES ACT
ESSENTIAL FUNCTIONS LIST**

JOB TITLE: Heavy Equipment Operator

ESSENTIAL FUNCTIONS	MENTAL, PHYSICAL AND EQUIPMENT REQUIREMENTS	% OF TIME
1 Operate various types of heavy construction and/or earth moving equipment	Mental ability to read, writes, and comprehends general instructions, safety procedures, and reports. Driving skills. Ability to operate machinery in close working conditions requiring good eye/hand coordination. Perform maintenance checks and minor maintenance on equipment. Ability to use both hands and both feet to operate equipment pedals, levers, steering wheels, and buttons. Physical ability to sit and adapt to constant jerking motions from equipment for extensive periods of time (8 or 10 hour shifts, depending on work location). Ability to climb in and out of equipment by using a ladder mounted on the equipment.	70%
2 Perform minor/major maintenance/upkeep as required.	Manual dexterity to work with hand tools on equipment, surfaces and components. Mental ability to read, writes, and comprehends general instructions and safety procedures.	20%
3 General cleaning	Physically able to hold and maneuver water hose discharges of 75 psi and lift up to 80 lbs. with assistance.	10%

MARGINAL FUNCTIONS

Remarks: Requires working in adverse climatic conditions (i.e., dust, odor, hot, cold, rain, snow). Requires wearing appropriate safety gear including safety steel shank boots. Ability to understand oral and written instructions to perform lock-out on equipment being worked on as per SPSA Safety Policy and Programs. Physical and mental capability to work in a confined area for extensive periods. Must be able to exert up to 50 pounds of force at all times and/or up to 30 pounds of force frequently. Must be able to climb, crouch, stoop, handle repetitive motion, walk, be focused, aware, and communicate.

Sufficient vision and hearing required to perform the essential functions of the job listed above

ADA STATEMENT

The specific position requirements will determine whether the function is essential or marginal, and it may vary for positions with the same job title.

By typing my name below, I understand that I am applying my electronic signature and certifying that I understand that this is not an expressed or implied contract for employment and does not alter the "at will" status of SPSA employment. I have read and understand the job description and stated job functions and certify that I can perform all the essential functions of the position for which I am applying with or without a reasonable accommodation. I understand SPSA management reserves the right to change or modify the job duties and content of any and all SPSA positions, as it deems necessary, in its sole discretion. If there are essential functions which I cannot perform, I acknowledge it is my responsibility to request a reasonable accommodation during an employment interview if I am asked to demonstrate my ability to perform the essential functions of the job, or after a job offer is made, and that SPSA management will evaluate any such request to determine whether or not the accommodation would create an undue hardship.

Applicant/Employee Signature:	Date:
Please Print Name:	



Department of Human Resources
 723 Woodlake Drive
 Chesapeake, VA 23320
 Office (757) 420-4700, FAX (757) 962-7695
<http://www.spsa.com>

APPLICATION FOR EMPLOYMENT

Effect of Nondisclosure: Because this application requests both optional data (other skills, training, etc) and mandatory data (qualifications, biographical, etc.), it is in your best interest to answer all questions. Omission of any items means you might not receive full consideration for a position in which this information is needed. A misstatement of material facts on the employment forms may be used as grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation. All information you give will be considered in reviewing your employment forms.

PERSONAL INFORMATION

Position Applied For:	Req #:	Position #:
Name:		
Last	First	Middle
Address:		
Number/Street	City	State Zip Code
Primary Contact Number: ()		check one: home work cell pager
Alternate Contact Number: ()		Best time to reach you:

	Yes	No
Are you currently employed by SPSA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by SPSA? If Yes, please give dates of last employment: From: To: Position Held:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives currently employed by SPSA? If Yes, please give name, relationship, and department:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If No, do you have the legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a Felony <input type="checkbox"/> or Misdemeanor <input type="checkbox"/> (including driving-related convictions)? If Yes, please explain and list city, state, and date of every conviction:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Felony <input type="checkbox"/> or Misdemeanor <input type="checkbox"/> charges pending against you (including driving-related charges)? If Yes, please explain and list city, state, and date of every pending charge:	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER SKILLS

Indicate Software Skills & Proficiency level: Indicate level as Beginner, Intermediate, or Advanced under each application as necessary.	Word <input type="checkbox"/>	Excel <input type="checkbox"/>	Access <input type="checkbox"/>	Power Point <input type="checkbox"/>
List any additional software experience:				
No previous computer/software experience <input type="checkbox"/>				

PRIVACY ACT NOTICE

This information is provided pursuant to the Privacy Protection Act of 1976, under Virginia Code, Section 26, for individuals supplying information to include in a system of records. The authority to collect information requested by this form is derived from the Southeastern Public Service Authority (SPSA) administrative policies. The principle purpose of employment forms is to collect information needed to determine qualifications, suitability, and availability of applicants for SPSA employment and of current SPSA employees for reclassification, transfer, promotion, and demotion. Your completed application may be used to examine and/or assess your qualifications; to determine if you are entitled to employment under certain laws and regulations and any applicable requirements; and to contact you concerning availability and/or an interview. All or part of your completed employment form may be disclosed outside the Department of Human Resources to:

- Executive Director and staff or supervisor upon a request for a list of eligibles to consider for employment, reinstatement, reemployment, transfer, promotion, or demotion.
- SPSA investigators to determine your suitability for SPSA employment.
- Federal, state or local agencies to create other personnel records after you have been employed by SPSA.
- Appropriate federal, state, or local agency to the extent the information is relevant to the requesting agency's decision.
- A requesting federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation of the law.
- Anyone requesting statistical information (without your personal identification) and for statistical reporting within the confines of SPSA.
- Any requesting information system after obtaining your voluntary release and the requesting company's assurance for the information protection.

Information regarding disclosure of Social Security Number, if applicable. Disclosure of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or process that you are seeking. Solicitation of the SSN by SPSA is authorized under the provisions of the Social Security Act. Your SSN will be used primarily to identify your records on file with SPSA and to report wages earned, required by law.

ACKNOWLEDGMENT AND CERTIFICATION

- I certify eligibility for employment under the Immigration Reform Act of 1986.
- I acknowledge the Privacy Notice above concerning my application with SPSA.
- I acknowledge, understand, and agree that SPSA has the authority, in accordance with the Fair Labor Standards Act, to award compensatory time at the time and one-half rate in lieu of overtime worked under SPSA's overtime policy for non-exempt employees.
- If employment is offered by SPSA, such employment shall be conditional upon successful completion of a job-related physical, drug screen, criminal background check, and certain waiting periods, in addition to a one year period for access to portions of the grievance procedure. I understand that during my employment with SPSA, I shall be subject to all policies and procedures of SPSA (a copy is available for review). I understand that SPSA retains its right to add, delete, or modify any policy, procedure, or benefit pertaining to employment. I understand that employment is not for a specific or definite term, but that my employment is terminable at will, by me or SPSA, at any time, for any reason, including such factors as unsatisfactory performance, conduct, continued need for the position, or any other facts as determined by SPSA to be in the best interest of SPSA. I understand that no contract of employment will alter my "at-will" relationship with SPSA except the Executive Director of SPSA may enter into any agreement for employment that may modify this "at-will" relationship only if such agreement is in writing and signed by me and the Executive Director.
- I, the undersigned, hereby authorize SPSA to contact firms or agencies I have indicated and to investigate background information which is pertinent to my employment and to hold harmless and release those firms or agencies from any claims for damages of any kind that may occur to me by reasons of furnishing such information.
- By typing my name below, I understand that I am applying my electronic signature and certifying that this application was completed by me and that all statements made in this application and any other pre-employment statements are true to the best of my knowledge and belief. I understand that any misstatement or omission of material facts therein may forfeit consideration for employment with SPSA or be grounds for my discharge once employed.

Applicant Signature _____ Date _____ Receipt by _____ Date _____

**The Southeastern Public Service Authority complies with EEO/ADA guidelines
and is a drug-free workplace.**