TOWN OF LANTANA

Equal Opportunity Employer
DFWP, VP, E-VERIFY
CAREER OPPORTUNITY

The Town is now accepting applications for the following job classification:

POSITION:	Director of Operations
SALARY RANGE:	Starting range $83,401.76 - $104,252.20
BASIC HOURS:	40 hours *(This position requires flexible availability)*
JOB DESCRIPTION:	See Attached

Completed applications are to be submitted to humanresources@lantana.org and received no later than October 25, 2018 by 4:00 pm.

Incomplete applications will not be considered.

The Town of Lantana uses e-verify as part of a process to verify the work eligibility of all new hires.
E-verify is an internet-based system that compares an employee's information to data from U S Department of Homeland Security and Social Security Administration records.

TOWN OF LANTANA
POSITION DESCRIPTION
OPERATIONS DEPARTMENT- DIRECTOR OF OPERATIONS

Full Time Position FLSA Exempt Position
Reports to Town Manager
Directly Supervises Public Works and Utilities

JOB SUMMARY

Under the administrative direction of the Town Manager, the Director of Operations is responsible for all employees and activities of the Operations Department which includes; Administration, Vehicle Maintenance, Facilities; Parks & Grounds Maintenance, and Roads & Sanitation; Water Plant; and Water Service/Wastewater Service. The Director of Operations administers all aspects of general work product and special projects for these Divisions.

ESSENTIAL FUNCTIONS

Note: These examples are intended only as illustrations of the various types of work performed in this classification. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment for this position.

- Plans, organizes, and directs all operations within the Operations Department; prepares the budget; recommends procedural and operational strategies to the Town Manager.
- Establishes and maintains necessary departmental rules and regulations, in accordance with Town policies; investigates and addresses personnel problems that arise.
- Attends Town Council meetings.
- Plans, organizes, and directs the operations of water distribution and wastewater collection systems within the Town; street construction and maintenance programs; storm sewer maintenance and construction.
- Establishes and implements a maintenance program for public facilities, grounds, equipment, vehicles, parks, water treatment plant and the water and wastewater distribution system.
- Administers consulting engineering, architectural, and related contracts from the selection phase through the acceptance of plans for implementation. Administers construction contracts. Ensures quality of contractor work is in compliance with applicable regulations and standards.
- Assists in the technical review of consultants' plans for conformance with the intent and policies of the Town and for adherence to sound engineering practice.
- Prepares or directs the preparation of reports and correspondence; collects, tabulates, analyzes, and presents data in the form of written, graphic, or oral reports.
- Oversees goals and objectives for the department and its personnel.
- Coordinates various town projects and provides cost estimates for projects.
- Administers the Town’s solid waste collection and recycling programs.
- Provides technical advice to other Department Directors and the Town Manager concerning Public Works and Utilities activities, programs, and planning.
- Oversees Town events, facility rentals, and sports providers.
- Formulates, directs and supervises training programs for personnel including safety practices for persons and property.

- Coordinates Environmental Compliance Auditing.
- Coordinates the implementation of the Department's Capital Improvement Program and special projects.
- Directs the coordination and monitoring of contractual services for compliance with specifications.
- Oversees Departmental emergency operations planning and procedures.
- Responds to citizen inquiries and complaints regarding town services performed by department.
- Develops and maintains sound public relations with the community.
- Directs the implementation and monitoring of NPDES regulations and the data collection.
- Participates as a member of the Town's Plan Review Committee.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge and experience in land use planning, grant administration, major public works and utilities improvements, and public records management.
- Knowledge of budget development and administration.
- Knowledge of management including budget administration, staffing, and contract administration.
- Extensive interpersonal and communicative skills.
- Have the ability to establish and maintain effective working relationships with other employees, Town officials and the general public.

MINIMUM REQUIREMENTS

Graduation from an accredited college/university with a bachelor's degree preferably with major studies in Public Administration, Engineering or a related field, or an equivalent combination of education/experience.

Candidate has at least five (5) years of progressively responsible experience in management and supervision.

Work history should project progressively responsible experience, including some supervisory experience.

Must possess a valid Florida driver's license.

SPECIAL REQUIREMENTS

A condition of employment is that the incumbent must have and maintain suitable and dependable means of communications available whereby contacts can be made by the Town Manager and management staff for response to emergencies requiring expeditious corrective action.

Where emergency impacts the Town of Lantana, all employees are subject to work or return to duty as directed to ensure continuation and restoration of services, maintain safety and fulfill the Town's responsibility to its citizens.

Incumbent will be required to carry a cellular phone at all times.

ADA COMPLIANCE

Physical Requirements	Working Conditions
• Moderate lifting, 15-44 pounds • Moderate carrying, 15-44 pounds • Use of fingers • Both legs required • Walking (1-2 hours) • Standing (3-4 hours) • Vision (correction permitted) • Operation of crane, truck, tractor, or motor vehicle • Hearing (aid permitted) • Ability to distinguish basic colors	• Outside and inside • Excessive heat • Excessive humidity • Excessive noise (intermittent) • Working around machinery with moving parts (occasional) • Fumes, smoke, or gases (occasional) • Solvents or degreasing agents (occasional) • Grease and oils (occasional)

Approved By: *Deborah S. Manzo* Date: 10/10/2018
Town Manager

TOWN OF LANTANA
APPLICATION FOR EMPLOYMENT

Resumes may not substitute for the complete application. It is the responsibility of the applicant to thoroughly and accurately complete the Application for Employment. Incomplete applications may disqualify an applicant from consideration.
EOE, DFWP, VP, E-VERIFY

PLEASE PRINT OR TYPE

Position Applying For: _____

PERSONAL INFORMATION

Name _____
Last First MI

Present Address _____
Street City State Zip

Email Address _____ Telephone (H) _____ (C) _____

Are you legally eligible for employment in the USA? ☐Yes ☐No Are you of the legal age to work? ☐Yes ☐No

Were you previously employed with the Town of Lantana? ☐Yes ☐No If yes, when? _____

Do you have any relative(s), either by blood or by marriage, employed by the Town of Lantana? ☐Yes ☐No
If "Yes" give name, relationship, and department _____

How did you hear about this position? _____

☐Palm Beach Post Newspaper ☐Town of Lantana Website ☐Monster.com
☐Craigslist ☐Town of Lantana Employee ☐Town Hall Posting
☐Other (please describe)

EDUCATION

School	Name and Location of School	Course of Study	No of Years Completed	Did you Graduate?	Degree or Diploma
High School					
Certifications/ Business/Trade					
College					
Graduate/Ph.D.					

MILITARY

Were you in the US Armed Forces? ☐Yes ☐No If "yes", what Branch?

Do you wish to claim Veterans' Preference? ☐Yes ☐No If "yes", a copy of your DD214 must be included with your application along with a completed Town Veterans' Preference Form.

EMPLOYMENT HISTORY

List below present and past employment, full time and part time, beginning with your most recent.
If additional space is needed, please attach a separate page.

1	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

2	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

3	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

4	Employer:		Phone:
	Address:		Supervisor:
	Job Title:		Ending Salary:
	Responsibilities:		
	From:	To:	Reason For Leaving:

I hereby give permission to contact the employers listed above concerning my prior work experience, and to inspect my personnel file(s). _____

SIGNATURE

If there is/are a particular employer(s) you do not wish us to contact, please indicate which one(s) and the reason. _____

Attached hereto is a job description for the position for which you have applied. Are you able to perform these tasks without an accommodation? ☐Yes ☐No If No, please list accommodations needed.

_____
_____
_____

If you are known by any other name(s) at other employers listed under Employment History, please list each of those names. _____

Have you ever been convicted, plead no contest, plead guilty, or had the adjudication of guilt withheld for any criminal offense other than a minor traffic violation (i.e. speeding, parking, etc.)? ☐Yes ☐No
If yes, please explain: (An affirmative answer to the above does not constitute disqualification of employment.)_____
_____
_____

Give the names of any organizations or professional groups of which you may be a member which have any direct bearing on your qualifications for the position you are seeking.

_____
_____
_____

List any knowledge, skills, abilities, or qualifications you possess and believe relevant to the position you seek, such as heavy equipment, computer skills, languages, etc. (Applicant should not list any information that Federal and State law preclude obtaining in the pre-employment stage.)

_____
_____
_____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?

☐Yes ☐No If yes, please explain.

_____
_____
_____
_____

PLEASE READ AND INITIAL STATEMENTS BELOW

_____I certify that all information given on this employment application, related employment papers and oral interviews is true and correct. I understand that the Employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by it. I understand that falsification of any information so given or other derogatory information discovered as a result of this investigation will subject me to disqualification from consideration and/or immediate dismissal. I agree to a post-offer physical examination if requested. If I am hired, I will conform to the rules and regulations of the Employer.

_____I understand that the Employer makes every effort to maintain an atmosphere which will enable employees to perform their work without sexual, religious, racial and/or ethnic harassment, intimidation and/or without creating an offensive work environment. I understand that conduct and language can constitute harassment and I agree not to engage in such conduct. I understand that if I violate this, I will be subject to discipline up to and including discharge. I also understand that I do not have to, am not expected to, and should not tolerate any such conduct. I further understand I have an affirmative obligation to report such conduct, and that I will not be subject to any discipline for doing so. I may be subject to discipline up to and including discharge for failing to disclose harassments.

_____In accordance to Florida Statute 440 as it relates to pre-employment drug testing of those in "special risk" and/or "mandatory testing" positions , I hereby consent as a condition of employment to have the Employer, or its authorized testing agent, perform a drug test for the purpose of determining the presence of illegal drugs. In agreeing to this, I understand that if I fail the post job offer drug test the Employer may withdraw my employment offer.

_____I further understand that, if hired, my failure to submit to, upon request, or to pass, any drug and/or alcohol tests is grounds for immediate discharge.

_____I further agree that if I am under medication, it is my responsibility to provide the examining physician or Human Resources of the Employer, a physician's statement regarding any prescribed medication or a copy of the prescription and its dates of use.

_____I have been assured that the results of the test will be provided only to the Employer and will be held in strict confidence unless the Employer or its testing agent is required by law or court order to divulge said information.

Signature _____Date _____

The Town of Lantana uses e-verify as part of a process to verify the work eligibility of all new hires. E-verify is an internet-based system that compares an employee's information to data from U S Department of Homeland Security and Social Security Administration records.

Notice to Applicant Regarding Veterans' Preference

For the purposes of appointments, retention, reinstatement, reemployment and promotions, Veterans' Preference ensures that veterans and eligible family members of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible family members of a veteran will be the candidate selected to fill the position. Effective July 1, 2014, per Florida Statute 295.07, the following groups are now eligible for Veterans' Preference:

1. Disabled veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service connected disability which is compensable under public laws administered by the Department of Veterans' Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA or the Department of Defense; or

2. The spouse of a veteran:
   a. who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
   b. who is missing in action, captured in line of duty by hostile forces, or detained or interned in line of duty by a foreign government or power; or

3. A veteran of any war who has served at least one day during the war time period as defined in subsection 1.01(14) Florida Statutes or who has been awarded a campaign or expeditionary medal. Active duty for training is not allowed for eligibility under this section; or

4. The un-remarried widow or widower of a veteran who died of a service-connected disability, or

5. The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense; or

6. A "veteran" as defined by section 1.01m (14) Florida Statutes as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharged under honorable conditions. Active duty for training is not allowed for eligibility under this section; or

7. A current member of any reserve component of the US Armed Forces or the Florida National Guard.

Those wishing to claim Veterans' Preference must furnish a DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and Character of Discharge. Disabled veterans must also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service connected disability.

**Documentation must be provided in order to establish eligibility for Veterans' Preference. Certain categories of preference may require additional documentation to be submitted by the applicant. Human Resources will contact the applicant should additional documentation be required.

An individual must file a complaint within 21 calendar days from the date after receiving notice of the hiring decision made by the hiring agency. If no notice is given then the individual must file a complaint within three (3) months of the date the application is filed with the employer.

VETERANS' PREFERENCE FORM

Your Name: _____ Position you are applying for: _____

VETERANS' PREFERENCE: Completion of the Veterans' Preference section is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act.. **Documentation substantiating your claim must be furnished at the time of application.**

Check the appropriate block**:**

☐ Disabled veteran who has served on active duty in any branch of the Armed Forces and who presently has an existing service connected disability which is compensable under public laws administered by the Department of Veterans' Affairs (DVA) or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA or the Department of Defense.

☐ The spouse of a veteran:
a. who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
b. who is missing in action, captured in line of duty by hostile forces, or detained or interned in line of duty by a foreign government or power.

☐ A veteran of any war who has served at least one day during the war time period as defined in subsection 1.01(14) Florida Statutes or who has been awarded a campaign or expeditionary medal.

☐ The un-remarried widow or widower of a veteran who died of a service-connected disability.

☐ The mother, father, legal guardian, or un-remarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.

☐ A "veteran" as defined by section 1.01m (14) Florida Statutes as a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharged under honorable conditions.

☐ A current member of any reserve component of the US Armed Forces or the Florida National Guard.

I acknowledge that I have read and understood the rights expressed in this notice.

Applicant's Signature_____ Date _____

For additional resources or information regarding Veterans' Preference:

- Visit: http://floridavets.org/benefits-services/employment/
- Call: (727) 319-7462
- FDVA Headquarters: 11351 Ulmerton Rd. Suite 311-K Largo, FL 33778-1630

This Organization Participates in E-Verify

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

Esta organización participa en E-Verify

Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:
La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.

E-VERIFY IS A SERVICE OF DHS AND SSA

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

IF YOU HAVE THE RIGHT TO WORK,
Don’t let anyone take it away.

If you have the legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

- In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.
- Employers cannot reject documents because they have a future expiration date.
- Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.
- In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:
Phone: 1-800-255-7688 or
(202) 616-5594
For the hearing impaired:
TTY 1-800-237-2515 or
(202) 616-5525

E-mail: osccrt@usdoj.gov

Or write to:
U.S. Department of Justice – CRT
Office of Special Counsel – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

U.S. Department of Justice
Civil Rights Division

Office of Special Counsel for Immigration-Related Unfair Employment Practices

www.justice.gov/crt/about/osc