

HEAVY MOTOR EQUIPMENT OPERATOR

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for the operation of various types of heavy and/or complex motor equipment and the performance of manual work normally associated with highway construction and maintenance. The work is carried out in accordance with established procedures and involves the safe and economical operation of heavy and/or complex equipment normally related to highway construction and maintenance, although an incumbent may be assigned to another department. The class differs from that of Motor Equipment Operator in that Motor Equipment Operator does not normally operate heavy and/or complex motor equipment. Work is performed under the general supervision of a higher-level employee. Supervision may be occasionally exercised over the work of subordinates. Does related work as required.

TYPICAL WORK ACTIVITIES: The typical work activities listed below, while providing representative examples of the variety of work assignments in the title do not describe any individual position. Incumbents in this title may perform some or all the following, as well as other related activities not described.

Operates a tractor trailer, grader, power shovel, bulldozer, crane, backhoe, sweeper, or ditcher in highway construction and maintenance, and may perform preventive maintenance on vehicles;

Operates a truck in connection with the removal of snow and in the transportation of stone, gravel, and supplies;

Operates a tractor or truck with snow loader, snow plow, or other attachment;

May perform all duties of a Motor Equipment Operator;

Performs manual labor, such as loading and unloading trucks, digging ditches, cutting trees and brush, cleaning culvert, and raking blacktop;

May supervise a small group of laborers as specific tasks require.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES, AND PERSONAL

CHARACTERISTICS: Good knowledge of the operation of tractors, trucks, tractor trailers, backhoes, rollers, graders, bulldozers, and other heavy automotive equipment; good knowledge of the geography of the area; ability to understand and follow simple oral and written directions; mechanical aptitude; willingness to respond to emergencies and to work outside under adverse weather conditions; dependability; physical condition commensurate to the demands of the position.

MINIMUM QUALIFICATIONS: Six (6) months of experience in a position which is substantially similar to that of Motor Equipment Operator.

Special Requirements: Possession of a valid New York state Driver's License appropriate to the vehicle(s) being operated. Minimum Class B for both manual and automatic certified.

Note: Heavy Motor Equipment Operators who operate a tractor trailer combination must possess a valid Class I New York State Driver's License.

ULSTER COUNTY
3470 HME0
Classification: Non-Competitive
OA

Revised: July 17, 1990
Revised: May 18, 1994



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying:

Exam # (if applicable): _____

Leave this space blank.

Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building; 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ **Social Security Number:** _____ - _____ - _____
Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address: _____

Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address: _____

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)	
School District		
Town		
Village		
County		
State		

Are you currently a United States citizen? Yes No If not, please provide alien registration number: _____

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.
 If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:
 _____ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district,) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

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1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
Yes No

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No
NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

- A. December 7, 1941 to December 31, 1946
 - B. June 27, 1950 to January 31, 1955
 - C. December 22, 1961 to May 7, 1975
 - D. August 2, 1990 to "date to be determined"**
 - E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952
- Yes No

Did you receive an expeditionary medal for any of the following conflicts?

- F. Lebanon - June 1, 1983 to December 1, 1987
- G. Grenada - October 23, 1983 to November 21, 1983
- H. Panama - December 20, 1989 to January 31, 1990

Yes No

I. I am currently on active duty (for other than training purposes).

Yes No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes No

5. Are you: A non - disabled war veteran _____
A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____
Name of school/issuing agency _____
Address: _____
Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: ___/___/___ To: ___/___/___ (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	____ To ____							
	____ To ____							
	____ To ____							
	____ To ____							

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10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	
DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.					

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
Your Exact Title		Name of your Supervisor	Supervisor's Title	No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr) From ___/___ To ___/___	Firm Name	Address	City and State	Earnings (Circle One) \$ _____ (Wk/Mo/Yr)	Type of Business
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