



## WASTEWATER TREATMENT PLANT OPERATOR 3 (Job #4287) Public Works and Utilities Department

**SALARY RANGE: \$26.06 - \$32.97 Per Hour**

**CLOSING DATE: Open Until Filled**

**NOTE: This is rotating shift work. The shift includes overtime opportunities and extended periods of time off at the end of shift cycle. Work does include weekends and holiday assignments.**

### NATURE OF WORK

This is highly technical, skilled work in the operation and maintenance of a wastewater treatment plant and related facilities. An employee in this class is responsible for proper and safe operation of various treatment plant equipment and processes used in stabilizing solids and ensuring a safe effluent for receiving waters. Ensures plant meets all state and federal regulations. Assist in the training and instruction of Operator 1's and Operator 2's. Work is performed with relative independence and judgment with self initiative required to meet plant operating requirements and process abnormalities. An employee in this class works under the general supervision of the Chief Plant Operator who observes work through on-site walk through and conferences to evaluate results obtained.

### ESSENTIAL FUNCTIONS

Perform tests such as centrifuge spins, dissolved oxygen readings, pH, Settleometer, and suspended solids to calculate amount of solids and condition of solids in the activated sludge process. Conduct laboratory analysis such as suspended solids, fecal coliform, volatile acids, alkalinity, chlorine residual, percent transmittance, and percent total solids. Determine whether the results of such tests are normal for the respective treatment processes in use and makes adjustments where necessary. Perform routine inspections of all treatment plant equipment for proper operation. Note and reports any irregularities. Perform preventative and corrective maintenance as assigned. Operate and monitor centrifuges and related equipment, making adjustments to polymer feed or sludge feed to ensure highest level of solids removal. Operate the Fertilization Manufacturing Facility (FMF) and its related equipment under the direction of the FMF supervisor. Use recommended parameters set by the FMF supervisor to maintain proper product quality. Monitor SCADA computers and responds to alarms. Adjust valves to regulate flow of wastewater. Observe variations in operating conditions and interprets meter and gauge readings and test results. Maintain a process log book and process run sheets. Operate gravity belt thickener units used in thickening of waste activated sludge and primary sludge before pumping to digesters to reduce heat requirements and increase detention time for proper stabilization of sludge. Start-up, monitor, and shut-down of gravity belt thickeners. Operate scum concentrator equipment. Operate grit removal equipment and grit washers. Operate perforated plate screens, conveyors and rag washers. Supervise lower level operators to ensure all duties and assigned tasks are completed in a safe and timely manner. Complete computer data entry such as laboratory, process, and flow data using computer programs such as access, Ops SQL, Hansen, Excel and Word. Programming knowledge is a plus. Review and interpret data for correctness and process control. Use safe working practices in the performance of duties. Ensure proper safety practices are used by Operator 1's and Operator 2's. Perform data entry.

### RECRUITING REQUIREMENTS

High school graduation and a minimum of 2 years of education at a trade school or community college in wastewater treatment processes. At least 4 years of work experience with demonstrated progressive knowledge and possession of a **valid Group III Operator's Certification** as required by the State of Washington **or other state equivalent license will be given reciprocity.** Must have the capability to enter and exit confined space with a diameter of twenty-four (24) inches. Satisfactory physical condition, as evidenced by a County-approved physical examination, may be required prior to appointment to the position.

# SUPPLEMENTAL QUESTIONNAIRE

## WWTP Operator 3 (Job #4287)

Instructions: This questionnaire is part of the examination process and is mandatory. On a separate sheet(s) of paper or separate document, describe in detail your past work experience and education in the following areas. List your employer and dates of employment separately for each question.

1. Explain any experience you have had training other operators.
2. Explain the anaerobic digestion process and the quickest and most reliable method of checking the conditions of an anaerobic digester.
3. How does the return rate affect the surface settling rate of a secondary clarifier and what effect does it have on the aeration system?
4. What is usually indicated by a sudden increase of dissolved oxygen in the aeration basin?
5. Describe your background working with a data management system, specifically relational data bases i.e. operating systems.

### APPLICATION AND SELECTION PROCESS

To be considered for this classification, applicants must complete and submit a signed Pierce County employment application form and a written response to the supplemental questions listed above by the closing date to the Pierce County Human Resources Department, 615 South 9th Street, Suite 200, Tacoma, WA 98405-4670. A separate application must be submitted for each job number for which you are applying. Photocopies with original signatures are acceptable. A resume in lieu of the application form and supplemental questionnaire is not acceptable. Notify the Human Resources Department immediately of any address or telephone change.

This is a competitive selection process. Your responses on the application form and supplemental questionnaire will be reviewed and evaluated for the quality and quantity of education/experience in the areas listed. Applicants whose qualifications most closely correspond to the County's needs will be eligible for further consideration. Notification of application status normally occurs 4 to 6 weeks after the closing date. Short notice may be given to applicants to participate in further selection processes which may include written, oral and performance examinations, and final interviews.

Pierce County will provide reasonable accommodation for persons with disabilities during the selection process, if requested. Please notify the Human Resources Department at (253) 798-7480 of the accommodation needed, preferably at the time of application, but at least two days prior to the date needed.

**Human Resources Department: (253) 798-7480    Job Information Line: (253) 798-7466    TDD: (253) 798-3965**  
**Email: [pchumanresources@co.pierce.wa.us](mailto:pchumanresources@co.pierce.wa.us)    Internet: <http://www.piercecountywa.org/jobs>**

**Applicants are encouraged to use the NEW online application option.**

## **EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of Pierce County that no person shall be subjected to employment discrimination because of race, creed, religion, color, national origin, sex, sexual orientation, marital status, age, disability, veteran status, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person.

## **BENEFITS**

**VACATION LEAVE:** Upon completion of 13 pay cycles (approximately six months) employees receive six days of vacation leave. Vacation accrues at the rate of 12 days per year initially, up to a maximum of 30 days per year.

**SICK LEAVE:** Employees receive six days of sick leave upon completion of 13 pay cycles (approximately six months). Sick leave is accrued at the rate of one day per month.

**HOLIDAYS:** Pierce County employees enjoy twelve paid holidays.

**MEDICAL COVERAGE:** Excellent choices of medical plans which include vision and prescription drug coverage are available for the employee and dependents.

**DENTAL COVERAGE:** Choice of dental programs which include orthodontic coverage for the employee and dependents.

**LIFE INSURANCE:** County paid life insurance for all full time/full benefit employees is effective the first day of employment. Additional life insurance is available at the employee's expense.

**RETIREMENT:** Pierce County employees participate in one of the Washington State Department of Retirement Systems plans. Employees and the County contribute jointly to the plan.

**SOCIAL SECURITY AND INDUSTRIAL INSURANCE:** Employees are covered by Social Security and the State Industrial Insurance Act.

**IN ADDITION:** Pierce County offers its employees an Employee Assistance Program which includes legal service access, Deferred Compensation, a Wellness Program, access to a credit union, a child care referral service, commute assistance including transit subsidies, a variety of on-going training programs, direct payroll deposit, payroll deduction for U.S. Savings Bond purchase, a home loan assistance program, access to long term disability insurance, and flexible spending accounts.

**PART-TIME EMPLOYEES** receive pro-rated benefits.

**NOTE:** The provisions of this bulletin do not constitute an expressed or implied contract. Any provisions contained herein may be modified and/or revoked without notice.



### EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. SIGN AND DATE THE APPLICATION.  
AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

#### GENERAL INFORMATION

POSITION FOR WHICH APPLYING: Wastewater Treatment Plant Operator 3 JOB #: 4287

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone ( ) - \_\_\_\_\_ Work Phone ( ) - \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_ Email Address \_\_\_\_\_

Are you now or have you ever been employed by Pierce County Government? Yes  No  If yes, complete the following:  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_ Dates Employed \_\_\_\_\_

Do you have any relatives working for Pierce County Government? Yes  No  If yes, complete the following:  
 Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_ Department(s) \_\_\_\_\_

Washington State labor laws restrict some employment from persons under 18 years of age. Are you at least 18 years old? Yes  No   
 If no what is your birth date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Can you perform the essential functions of this job with or without a reasonable accommodation? (See job announcement for essential functions)  
 Yes  No

Within the last 10 years if you have been arrested with charges still pending, or convicted, or released from prison, explain below. Crimes which reasonably relate to this job will not necessarily be considered a bar from employment.

Date	Charge	Sentence	Remarks

#### VETERANS' PREFERENCE/SCORING CRITERIA

Pierce County complies with applicable laws regarding veterans' preference and/or scoring criteria for veterans honorably discharged from active military service. Proof of veteran status will be required to award veterans' preference/scoring criteria.

Are you a veteran with an honorable discharge? Yes  No   
 Do you claim veterans' scoring criteria? Yes  No  If yes, complete the following items:  
 Have you ever obtained employment through the use of veterans' scoring criteria? Yes  No   
 If yes, where \_\_\_\_\_  
 Are you retired from military service and receiving veterans' retirement payments? Yes  No   
 All dates of active duty: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### EDUCATION

Did you graduate from high school or receive a GED certificate? Yes  No

Name of college, university, vocational school	Major	Full Years Completed	Title of Degree	Degree Received Yes/No	Credit Hours Earned

Professional Licenses & Certification	Type of License	Issued Yes/No	Issuing State	Number	Expiration Date
					/   /
					/   /

## EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT AND ANY RELATED EXPERIENCE BEYOND 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

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### MOST RECENT EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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### OTHER EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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### OTHER EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Specific duties \_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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## AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation or omission and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation, omission, or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Pierce County representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release and hold harmless any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, including controlled substance testing, if required.

I understand that as a condition of employment I must provide documentation to demonstrate authorization to work in the United States as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Pierce County that no person shall be subjected to employment discrimination because of race, creed, religion, color, national origin, sex, sexual orientation, marital status, age, disability, veteran status, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person. We would appreciate your providing the information below. This is entirely voluntary and will be maintained **CONFIDENTIALLY** and separate from personnel files. No adverse action will result from failure to furnish requested information. The information gathered herein will not be provided to supervisors, the appointing authority, or other departmental employees. It will be used for monitoring and for Federal reporting purposes only. We appreciate your assistance and cooperation in voluntarily providing this information and in assisting Pierce County in ensuring equal employment opportunities for all applicants.

**NAME:**

**SSN:**

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(Disclosure of your SSN is voluntary. If you elect to provide it, we will only use it for applicant tracking.)

**SEX:**                     Male         Female

**AGE OVER 40:**         Yes         No

**EXPANDED RACE/ETHNICITY GROUP CATEGORIES AND DEFINITIONS:** If you are of more than one race, please indicate one group only for recordkeeping purposes (see definitions below)

- H Hispanic or Latino**
- B African American/Black (not Hispanic or Latino)**
- A American Indian or Alaska Native (not Hispanic or Latino)**
- R Asian (not Hispanic or Latino):**
- C Caucasian/White (not Hispanic or Latino)**
- P Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**
- T Two or More Races (not Hispanic or Latino)**

**DISABLED:**             Yes         No        **DISABLED VETERAN:**         Yes         No

**VETERAN:**             Yes         No

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## DEFINITIONS

Ethnic group categories and definitions are defined by and reported to the Federal Equal Employment Opportunity Commission.

**H Hispanic or Latino:** A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**B African American/Black (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

**A American Indian or Alaska Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**R Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**C Caucasian/White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**P Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**T Two or More Races (not Hispanic or Latino):** A person who identifies with two or more of the following races: African-American/Black, American Indian or Alaska Native, Asian, Caucasian/White, or Native Hawaiian or Other Pacific Islander.

**Disabled:** People with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled Veteran:** All persons entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

# REFERRAL SOURCE

**Check all that apply:**

- Newspaper: Name \_\_\_\_\_
- Pierce County Job Information Line
- Internet – Pierce County Website
- Internet – Other: Identify \_\_\_\_\_
- Job Fair: Name \_\_\_\_\_ Location \_\_\_\_\_
- Word-of-Mouth
- Announcement in Pierce County Human Resources Office
- Public Access Television
- County Employee
- Other: Identify \_\_\_\_\_