

Township of Parsippany-Troy Hills

OPEN POSITION ANNOUNCEMENT

Laborer 1, Grade H2

Department: Water Department

Workweek: Monday through Friday 7:00 AM to 3:30 PM. Subject to change based upon the needs of the department and the Township. Must be available to work emergency and non-emergency overtime hours, including weekends and holidays. Must have a telephone at which he/she can be contacted.

Wage: Per ordinance \$19.41 - \$29.36 / hour, non-exempt blue-collar Grade H2.

Note: The definition and examples of work for this title are for illustrative purposes only. A particular position using this title may not perform all duties listed in this job specification. Conversely, all duties performed on the job may not be listed.

Skills/Duties: Able to read, write, speak, understand and communicate in English. Understand, remember and carry out oral and written instructions.

Able to work for long periods in emergency situations and remain until all repairs have been made.

Under supervision, performs varied types of manual laborer. Performs heavy manual labor for prolonged periods of time under varying temperatures and climatic conditions. Digs trenches, performs manual grading, loads, unloads and lifts supplies. Loads and unloads trucks. Will be trained to install water main, valves, hydrants and meters, as well as tap water main, install water services and perform utility mark outs. Operates various landscaping equipment and snow removal and salting equipment. Performs other duties as assigned.

Requirements: Candidate must possess a valid NJ Driver's License in good standing. Must be able to drive a truck and possess a valid Commercial Driver's License (CDL) or obtain one before the expiration of a 90-day probationary period. GED or High School diploma.

To Apply: Please e-mail cover letter, resume, and copies of relevant licenses to James Cryan, Business Administrator at jobs@parsippany.net and copy Water Superintendent, Sean Andres at sandres@parsippany.net.

Closing Date: Open until filled. EOE. Excellent benefits package provided.

Date Posted: _____ **Posted by:** _____

Department: _____

(Return the original signed form to A. Ferrara, Mayor's Office. Post the copy)