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Job Announcement, Equipment Operator



Town of West Yellowstone, Montana

Position Title

Equipment Operator

The Town of West Yellowstone is seeking applicants for a regular, full-time Equipment Operator.

General Duties

Under general supervision, performs routine and emergency maintenance of parks, public facilities and public works systems, including right of ways, streets, sidewalks, water and wastewater systems.

Wage and Benefits

Wage: \$26.64/hr (DOE) plus \$1.00/hr after successful completion of 6-month probation, plus benefit package (Vacation, Sick Leave, paid holidays, 75% contribution for family health/dental/vision coverage, and participation in the Montana Public Employees Retirement System-PERS.)

Additional Information

- For application form or detailed position description, please contact the Town of West Yellowstone Town Office- 440 Yellowstone Avenue, PO Box 1570, West Yellowstone, MT. 59758, call 406-646-7795, or visit http://www.townofwestyellowstone.com or email info@townofwestyellowstone.com.
- This position is open until filled.
- Applications that are incomplete or unsigned as of the closing of the vacancy will not be considered in the selection process. The Town of West Yellowstone is an EEO/ADA employer. Women, minorities, and persons with disabilities are encouraged to apply.
- The Town of West Yellowstone has enacted a Drug and Alcohol-Free Workplace testing policy. This policy includes pre-employment and for-cause drug and alcohol testing. A copy of this policy is available to the general public for review.
- Applicants are encouraged to read the full position description for other responsibilities and essential functions. This a regular, full-time position. Selected applicants successfully completing a six-month probationary period and are eligible for an additional \$1.00/hour. Positions are contingent upon annual budgetary consideration by the Town Council.

Updated 04/2025

Application Procedure

Please provide the following:

- 1. A cover letter addressing qualifications for the position.
- 2. A completed and signed Town of West Yellowstone application (www.townofwestyellowstone.com).
- 3. A current resume.

Submit to:

Town of West Yellowstone 440 Yellowstone Avenue PO Box 1570 West Yellowstone MT 59758

Or

info@townofwestyellowstone.com



Town of West Yellowstone, Montana

Position Title	Equipment Operator
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General Statement of Duties

Perform routine and emergency maintenance of parks, public facilities, and public works systems, including parks, rights-of-way, streets, and sidewalks. Performs directly related work as required.

Distinguishing Features of the Position

The principal function is to perform routine and emergency maintenance on facilities and equipment, operate equipment, and use power and hand tools. The work is performed under the supervision and direction of the Public Services Superintendent and Deputy Superintendent, but some leeway may be granted for the exercise of independent judgement and initiative. The nature of the work performed requires the employee establish and maintain effective working relationships with supervisors, other Town employees, property owners, and the general public. The principal duties are performed in both indoor and outdoor environments in all weather conditions.

Examples of Essential Work (Illustrative Only)

- Safely operate and maintain Town-owned equipment, including vehicles, trailers, dump trucks, loaders and snow removal equipment;
- Inspect equipment and facilities and maintain accurate maintenance logs;
- Perform manual labor, construction, and maintenance projects associated with parks, public buildings, and streets:
- Perform street sweeping and cleaning;
- Maintain public restrooms and empty trash from public dumpsters;
- Remove snow and sand streets as necessary;
- Install traffic control devices and street signs;
- Inventory shop supplies;

- Assist in abating nuisances and violations in the rights-of-way, interior parks, and other public areas;
- Performs all other duties as assigned by the Public Services Superintendent or Town Manager.

Required Knowledge, Skills, and Abilities

- Knowledge of best safety practices and procedures as applied to Public Services operations.
- Knowledge of construction methods and materials as applied to Public Services projects;
- Knowledge of related work equipment used in the Public Services Department;
- Establish an maintain effective working relationships with Department Heads, other Town employees, property owners, and the general public;
- Follow all policies and operating procedures; show respect, tact, and courtesy in dealing with coworkers and the general public; behave in a manner that does not obstruct or hinder other employees from completing their duties; act in a manner that is safe and follow the Town's safety policies and procedures at all times:
- Operate heavy equipment including graders, dump trucks, loaders, snow plows, and other related equipment;
- Flexibility to work nights, weekends, holidays, overtime, and be subject to occasional short-notice "call in" shifts as required;
- Communicate effectively with others, both orally and in writing, using both technical and non-technical language;
- Understand oral and written policies, procedures, and instructions, develop solutions according to written specifications and/or oral instructions;
- Operate or quickly learn to operate a personal computer using standard or customized software applications appropriate to assigned tasks;
- Perform a wide variety of duties and responsibilities with accuracy and speed under the pressure of timesensitive deadlines;
- Integrity, ingenuity, and inventiveness in the performance of assigned tasks.

Acceptable Experience and Training

- High school diploma or equivalent AND;
- At least 3-5 years of experience in a related public services, maintenance, or construction position, preferably in the public sector;
- <u>OR</u> any combination of experience and training which provides the equivalent scope of knowledge, skills, and abilities necessary to perform the work.

Required Special Qualifications

- Valid driver's license (Must have a valid Montana driver's license within fifteen (15) days of employment);
- Possess or have the ability to obtain the appropriate level commercial driver's license (CDL) within sixty (60) days of employment;

Updated 05/2020

- May require other appropriate licenses or certifications as needed;
- Willing to attend off-site training programs, courses, and conferences as part of initial training or continuing education which may require occasional overnight travel;
- Offers for employment are conditional upon satisfactory response to appropriate post conditional offer process;
- Pre-employment and periodic random alcohol & drug screening is required.

Essential Physical Abilities

- Clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to permit the employee to communicate effectively;
- Vision or other powers of observation, with or without reasonable accommodation, to enable the employee to efficiently operate Town vehicles, tools, and equipment in the maintenance and repair of Town property;
- Manual dexterity, with or without reasonable accommodation, to enable the employee to efficiently operate Town vehicles, hand and power tools, and other related equipment as required;
- Personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to easily access a variety of land sites throughout the Town, climb stairways, ladders, or work on elevated platforms, traverse uneven surfaces, work outdoors in inclement weather, lift and carry heavy (70 pounds) objects.

Acknowledgement

By signing this statement, I, the employee, acknowledge my respective job description has been received and that I have read this document and understand what is expected from me as an Equipment Operator for the Town of West Yellowstone, MT.

Signed:	Date:
Print Name:	_
Position: Equipment Operator	_
Effective Date of Employment:	_
Attest:	
Supervisor:	Date:



EMPLOYMENT APPLICATION TOWN OF WEST YELLOWSTONE, MT

P.O. BOX 1570

West Yellowstone, MT 59758 info@townofwestyellowstone.com

Notice To Applicants

Do you have any relatives working for the Town? Yes

We welcome you as an applicant for employment. It is the policy of the Town of West Yellowstone to consider applicants for all positions without regard to race, ancestry, color, religion, creed, sex, national origin, age, marital status, political beliefs, veteran/military, genetic information, sexual preference, or the presence of a non-job related medical condition or physical/mental disability or any other legally protected status unless related to a bona fide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job posting.

POSITION APPLIED FOR:		
DEPT:	DATE:	
PERSONAL IN	FORMATION	
Last Name: First: _	Midd	le:
Present Address:		
City:	State: Zip:	
Contact Phone:	Email Address:	
List other names, if any, used on employment or education records:		
Are you prevented from lawfully becoming employed in this country	y because of Visa or Immigration Status?	
No Yes If yes, please explain:		
Are you 18 years or older? Y No Yes		
Please provide the earliest date that		
you are available for work? Have you ever been convicted of a felony? YeNo Yes	If yes, describe in full – give dates:	
[Criminal convictions are not an absolute bar to employment, but will be con	nsidered in relation to specific job requirements]	
Have you ever worked for or are you currently working for the Towi	n of West Yellowstone?	
If yes, please give dates: From:	To:	
Department: F	Prior position:	
Reason for leaving:		

If yes, please give their name(s):	
EC	DUCATION
High School:	
Name:	Address:
Did you graduate? Yes No	
Diploma or GED:	
College:	
Name:	Address:
Course of Study:	Last year completed:
Did you graduate?	
List Diploma or Degree:	
Other (specify):	
Name:	Address:
Course of Study:	Last year completed:
Did you graduate?	
List Diploma or Degree:	
	CIAL SKILLS Ilying For: (clerical skills, heavy equipment operating skills, etc.):
DRIV	/ER LICENSES
Do you have a valid Driver's License? Yes No	State:
Number: (optional)	Expiration Date:
Do you have a Commercial Driver's License?	If yes, specify: Type:
Class:	Tank:
Endorsements: Hazardous Material:	Passenger:
Airbrakes:	Other (specify):
OTHER LICENSES or CERTIFICATES (C	PA, Water Treatment, Boiler Operator, etc.)

Address:

Name of Licensing Agency:

Type of License:	Endorsement/Restriction (if applicable):
Date Licensed:	Date Expires:
Name of Licensing Agency:	Address:
Type of License:	Endorsement/Restriction (if applicable):
Date Licensed:	Date Expires:
Name of Licensing Agency:	Address:
Type of License:	Endorsement/Restriction (if applicable):
Date Licensed:	Date Expires:
EMPLOY	MENT HISTORY
relevant to the position for which you are applying. Include	Id list your work experience with emphasis on experience that is de military service and any volunteer work which has provided not adequate, you may respond to this section on a separate sheet he is submitted.
NOTICE TO APPLICANTS: Information that you provide on th contacted as references and for verification.	is application is subject to verification. Previous employers may be
May we contact your current employer? Yes No	
CURRENT EMPLOYER:	Address:
Date Employed:	
From:	To:
Position:	Salary:
Contact:	Phone:
Describe work performed:	
Reason for leaving:	

EMPLOYMENT HISTORY

PAST EMPLOYER:	Address:
Date Employed:	
From:	To:
Position:	Salary:
Contact:	Phone:
Describe work performed:	
Reason for leaving:	
G <u></u>	
PAST EMPLOYER:	Address:
Date Employed:	
From:	To:
Position:	Salary:
Contact:	Phone:
Describe work performed:	
Reason for leaving:	
PAST EMPLOYER:	Address:
Date Employed:	Tou
From:	To:
Position:	Salary:
Contact:	Phone:
Describe work performed.	
Reason for leaving:	

F	REFERENCES	
List three (3) references, excluding relatives, who have know	vledge of your ability to perform this job:	
Full Name:	Address:	
City:	State:	Zip:
Telephone Number:		
Full Name:	Address:	
City:	State:	Zip:
Telephone Number:		
Full Name:	Address:	
City:	State:	Zip:
Telephone Number:		
AUTHORIZATION	TO RELEASE INFORMATION	
 As an applicant for a position with the Town of West Yellowstor qualifications. I hereby expressly authorize release of any and al concerning me, including information of a confidential or privileged information requested. I authorize the use of duplicated copies of the 	I information which you, as a previous employer or ϵ	employment reference, may have
I acknowledge that I may have to submit to a drug and alcohol test and Pre-Employment Drug Testing Policy. I further acknowledge tha		
3. For the purpose of in-house security, I consent to a background and	security investigation prior to employment.	
 I certify that the foregoing answers, and all supplemental docume Town of West Yellowstone, and may result in dismissal if employed physical examination showing that I can adequately perform job-re Policies, Practices, and Procedures. 	ed. I understand that employment may be contingent	upon satisfactory completion of a
I have read and agree with the above statements. If applying on- original.	line, I authorize electronic submission of this do	cument to serve as the
Signature:	Date:	

					EMPLOYME	NT PREFEREN	CE ACTS				
Name:	·										
Positio	n App	plied For: _				Departn	nent:				
Act, cor provides Contact	nplete s the a your lo	the following ddition of 5 p ocal Job Service	g. The appo ercentage p ce for detail	ropriat points s on ve	rans' Public Employme e documentation must or 10 percentage point eterans' preference. Co- letails on obtaining per-	be attached to clain s to the applicant's s ntact your local Mon	m employee preferer core when a numeric tana Vocational Rehal	nce. cally s bilitat	Veteran's En cored select	nployment preference ion procedure is used.	
If you	claim	Preference	, docume	entati	on must be attach	ed. Please check	which attachme	nts y	ou have ii	ncluded:	
	DD-	214			PHHS Disability Ce	ertificate	[Other		
To clai	m Ve ʻ	terans' Em	ploymen	t Pref	erence, you must b	oe a U.S. Citizen a	and (check ONE o	f the	boxes be	low):	
	A۷	/eteran, if									
_	1.	other than	for training	in the		Marines, or Coast G	Guard or were a mem	ber o	f the reserve	ctive federal military dut es who served on federa	-
	2.				ber of the Montana A st 3 of which have beer	•				d a minimum of 6 years	s'
	A Di	isabled Vet	eran, if								
	1.	You have be	en separat	ed und	er honorable conditions	s from military duty,	AND				
	2.				ned Forces service-con ment of Veterans Affairs	•				y retirement benefits, o art.	r
	The	spouse of	a disable	d vet	eran if the veteran	's disability preve	ents him/her from	ı wo	rking.		
	The	un-remarr	ied survi	ving s	pouse of a veterar	n or disabled vet	eran.				
П	A M	lother of a	Veteran,	if							
_	1.	THE VETERA and total dis			orable conditions while	e serving in the Arme	d Forces, OR THE VET	ERAN	has a service	e-connected, permanent	t,
	2.	YOUR SPOU	SE is totally	and p	ermanently disabled, O l	R YOU are the un-rer	narried widow of the	fathe	r of the vete	ran.	
To clai	m Mc	ontana Pers	sons with	Disa	bilities Employmeı	nt Preference yo	u must be (check	ONE	of the bo	xes below):	
	A pe	erson with	a disabili	ty ce	tified by PHHS, OR	t .					
		-			b) disabled person or ore applying for em		AND have reside	ed co	ontinuousl	y in Montana for at	
SIGNA	TURE	E (typed):					DATE SIGNED	:			

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The Town of West Yellowstone is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal governmental for civil rights enforcement. When reported, data will not identify any specific individual

Position C	Closing Date: Male Female	Are you 18 years or older? Yes No
Name:		
Job Applie	ed For:	Department:
HOW DID	YOU FIRST LEARN OF THIS POSITION?	
	Newspaper ad or journal ad	
	Telephone Job Line	
	Job Service	
	Career / Job Fair	
	Female, minority or handicapped referral organization	
	A friend / employee	
	Posted in Town Hall	
	Town of West Yellowstone Website	
	Other (specify)	

RACE / E	ETHNICITY – Please check the ONE box that best describes your race/ethnicity:
	Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
	White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	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 Island, Thailand and Vietnam.
	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 maintain tribal affiliation or community attachment.
	Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
MILITAR	
	RY STATUS – Please check the ONE box that best describes your military status.
	No Military Service
	No Military Service
	No Military Service Inactive Reserve
	No Military Service Inactive Reserve Vietnam Veteran
	No Military Service Inactive Reserve Vietnam Veteran Active Reserve
	No Military Service Inactive Reserve Vietnam Veteran Active Reserve Retired
	No Military Service Inactive Reserve Vietnam Veteran Active Reserve Retired Other Veteran
DISABIL	No Military Service Inactive Reserve Vietnam Veteran Active Reserve Retired Other Veteran