



## EMPLOYMENT OPPORTUNITY

The City of Rockport is accepting applications for a **Temporary Full Time Natural Gas Maintenance Technician I** for a project estimated to run approximately three to six months. This position performs technical duties in the maintenance of the natural gas utility system. Reads and records usage data from gas utility meters; installs meters; and provides skilled installation of AMR endpoints.

Must have a High School diploma or equivalent. Sufficient experience to understand the basic principles relevant to the major duties of the position usually associated with the completion of an apprenticeship/internship or having had a similar position for one to two years. Possession of or ability to readily obtain a valid driver's license. Possession of or ability to readily obtain Railroad Commission required training.

Since this is a safety-sensitive position it will require a "history check" to look back into the past two years of DOT employment for DOT violations. A clear DOT "history check", as well as, a negative DOT urine drug test and pre-employment physical are required as part of the City of Rockport employment process for a regulated safety sensitive position.

Salary range is \$14.36 to \$21.64 per hour. Employment applications may be obtained from Rockport Service Center, 2751 S.H. 35 Bypass, between the hours of 8:00 a.m. and 4:00 p.m. The City of Rockport is an EOE/ADA employer. Position open until filled.



## Natural Gas Maintenance Technician

Public Works

PW/23  
Grade: 09

### JOB SUMMARY

This position performs technical duties in the maintenance of the natural gas utility system.

### MAJOR DUTIES

- Reads and records usage data from gas utility meters and water meters.
- Locates malfunctioning meters; troubleshoots and makes repairs; installs meters for new accounts; turns off and locks meters for nonpayment.
- Maintains and paints system infrastructure.
- Conducts regulator station inspections.
- Performs odorant injections.
- Participates in the construction, maintenance and repair of natural gas system infrastructure.
- Excavates gas lines using hand tools, backhoe, and trencher.
- Locates and repairs leaks; conducts leak surveys.
- Mows and trims grass.
- Operates a variety of hand and power tools.
- Performs related duties.

### KNOWLEDGE REQUIRED BY THE POSITION

- Knowledge of department safety policies and procedures.
- Knowledge of utility meter operations and maintenance principles.
- Knowledge of gas utility system maintenance and repair principles.
- Knowledge of area streets and roads.

- Knowledge of vehicle maintenance principles.
- Skill in the use of handheld computers and job-related software.
- Skill in the operation of assigned vehicles and equipment.
- Skill in the use of hand and power tools and of specialized gas utility maintenance and repair equipment.
- Skill in problem solving.
- Skill in reading maps.
- Skill in interpersonal relations.
- Skill in oral and written communication.

## SUPERVISORY CONTROLS

The supervisor assigns work in terms of somewhat general instructions. The supervisor spot-checks completed work for compliance with instructions and established procedures, accuracy, and the nature and propriety of the final results.

## GUIDELINES

Guidelines include OSHA regulations, Texas Administrative Code, Texas Railroad Commission regulations, and department policies and procedures. These guidelines are generally clear and specific, but may require some interpretation in application.

## COMPLEXITY/SCOPE OF WORK

- The work consists of related technical duties. Inclement weather and field conditions contribute to the complexity of the position.
- The purpose of this position is to repair and maintain the gas utility system. Successful performance contributes to the efficiency and effectiveness of utility services.

## CONTACTS

- Contacts are typically with coworkers, customers, vendors, contractors, and the general public.
- Contacts are typically to give or exchange information, resolve problems, and provide services.

## PHYSICAL DEMANDS/ WORK ENVIRONMENT

- The work is typically performed while intermittently sitting, standing, walking, bending, crouching or stooping. The employee frequently lifts light and heavy objects, climbs ladders, uses tools or equipment requiring a high degree of dexterity, distinguishes between shades of color, and utilizes the sense of smell.

- The work is typically performed in a stockroom, warehouse, and outdoors, occasionally in extreme weather conditions. The employee is exposed to noise, dust, dirt, grease, machinery with moving parts, contagious or infectious diseases, and irritating chemicals. Work requires the use of protective devices such as masks, goggles, gloves, etc.

#### SUPERVISORY AND MANAGEMENT RESPONSIBILITY

None.

#### MINIMUM QUALIFICATIONS

- Ability to read, write and perform mathematical calculations at a level commonly associated with the completion of high school or equivalent.
- Sufficient experience to understand the basic principles relevant to the major duties of the position, usually associated with the completion of an apprenticeship/internship or having had a similar position for one to two years.
- Possession of or ability to readily obtain a valid driver's license issued by the State of Texas for the type of vehicle or equipment operated.
- Possession of or ability to readily obtain Railroad Commission required training.

**CITY OF  
ROCKPORT**

622 East Market  
Rockport, Texas 78382  
361-729-2213  
www.cityofrockport.com



**EMPLOYMENT APPLICATION**

The City of Rockport does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status in employment or the provision of services. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**Please Print**

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ARE YOU UNDER 18?  YES  NO IF YES, GIVE BIRTH DATE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO IF NO, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED FOR THE CITY?  YES  NO IF YES, WHAT DEPARTMENT? \_\_\_\_\_

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

**OTHER THAN MINOR TRAFFIC OFFENSES, HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY) OR RECEIVED A PROBATED SENTENCE (INCLUDING DEFERRED ADJUDICATION) FOR AN ALLEGED CRIME, BEEN ASSIGNED A PROBATION OFFICER, OR PLEADED NOLO CONTENDERE TO AN ALLEGED CRIME? (A "YES" RESPONSE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)**  YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

**EDUCATION**  
(Transcripts may be required for verification of education)

SCHOOL	NAME AND LOCATION	MONTH/YEAR ATTENDED	GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL		FM:	YES	GED:
		TO:	NO	
TECHNICAL SCHOOL		FM:	YES	
		TO:	NO	
COLLEGE/ UNIVERSITY		FM:	YES	
		TO:	NO	
GRADUATE SCHOOL		FM:	YES	
		TO:	NO	

**LICENSES, REGISTRATIONS OR CERTIFICATIONS:**

NAME OF TRADE OR PROFESSION \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS.** Please list any training, experience or hobbies related to your ability to perform the job. \_\_\_\_\_

**INDICATE ANY LANGUAGES YOU SPEAK, WRITE AND/OR READ**

\_\_\_\_\_ (Fluently) (Good) (Fair)

**ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS?**  YES  NO

If a reasonable accommodation(s) would be required for you to perform the essential functions of the job, describe any accommodations(s) required. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List most recent jobs first. Include job-related military service. If gap in employment, please explain.

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list the names, addresses and telephone numbers of three (3) people NOT related to you and NOT previous employers.

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<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the bests of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Rockport is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically adopted by the City Council of the City of Rockport.

If employed, I understand that false or misleading information given in this application or in interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of the City of Rockport.

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Signature of Applicant

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Date

**WAIVER OF CONFIDENTIALITY**

I hereby waive my right of confidentiality and both authorize and request that information pertaining to my criminal history (if any) and driving record be made available to the City of Rockport to whom I have made an application for employment.

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Signature of Applicant

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Date

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Texas Driver License Number

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Class of License

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Social Security Number

**RELEASE OF PREVIOUS EMPLOYMENT INFORMATION**

I hereby authorize and request any previous employer to release information to the City of Rockport regarding my previous employment.

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Signature of Applicant

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Date





### NOTICE TO APPLICANTS

The City of Rockport participates in the Employer New Hire Reporting Program. We report information concerning each new employee to the Texas State Directory of New Hires. This information includes a new employee's name, address, Social Security number, date of birth, salary information, and other personal and work information. This program assists the Office of the Attorney General in locating parents who owe child support and helps detect fraud in other public assistance programs such as welfare, unemployment compensation, and workers' compensation.

Are you related to any elected or appointed official or current employee of the City of Rockport?

Yes  No. If yes, list name(s): \_\_\_\_\_

[Relationships – Your: parent, spouse, child, father-in-law, mother-in-law, stepchild (any child of your spouse who is not your natural or adoptive child), brother, sister, grandparent, grandchild, spouse's grandparent or grandchild, great-grandparent, great-grandchild, aunt who is a sister of your parent, uncle who is the brother of your parent, nephew or niece who is the child of a brother or sister of your parent.]

Please sign below to indicate you have read this notice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

# Release of History Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

(NOTE: FMCSA for CMV Drivers- records for past 3 years)

## **Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

### **I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

## **Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- |   |                        |
|---|------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___         |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___         |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___         |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES ___ NO ___         |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES ___ NO ___         |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

### **II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_