



**POSITION DESCRIPTION  
CITY OF MUNCIE, INDIANA  
SANITARY DISTRICT**

**POSITION:** Automated Operator Technician  
**DEPARTMENT:** Sanitation  
**WORK SCHEDULE:** 7:00 a.m. - 3:00 p.m., M-F  
**JOB CATEGORY:** LTC (Labor, Trades, Crafts)

**DATE WRITTEN:** July 2014  
**DATE REVISED:** May 2018

**STATUS:** Full-time  
**FLSA STATUS:** Non-exempt

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in this document are representative of the knowledge, skill, and/or ability required. The City of Muncie Sanitary District provides reasonable accommodation to qualified employees and applicants with known disabilities who require accommodation to complete the application process or perform essential functions of the job, unless the accommodation would cause an undue hardship.

Incumbent serves as Automated Operator Technician for the Muncie Sanitary District Sanitation Department, responsible for safely operation of automated garbage truck on designated daily route ensuring trash containers are emptied as required.

**I. DUTIES:**

- Operates all automated (and semi-automated) Sanitation trucks on assigned route daily, including emptying trash receptacles and loose bags into the side of truck in a safe, efficient manner.
- Operates hydraulic controls in compacting collected refuse.
- Transports refuse to recycling center, including weighing and operating automated equipment to unload collection trash.
- Performs general routine maintenance on machinery and Zonar pre and post trip inspections, including checking fluid levels and replacing fluids, checking mechanical functions and washing/cleaning equipment.
- Performs related duties as assigned, including but not limited to; throwing trash, mowing, weed eating, running a chain saw, painting, etc.

**II. SKILLS AND KNOWLEDGE:**

- High school diploma or GED.
- Must be at least 21 years of age.



- Possession of a valid Indiana driver's license, commercial driver's license (CDL Class B with passage of air brake test), and a demonstrated safe driving record. 3 years of driving experience preferred.
- Ability to meet all hiring requirements, including passage of a drug test and medical exam.
- Knowledge of and ability to fuel and operate truck with CNG (Compressed Natural Gas).
- Knowledge of and ability to utilize and interpret equipment operational manuals and city ordinance pertaining to refuse collection.
- Working knowledge of and ability to operate sanitation trucks and related equipment, and basic knowledge of mechanics regarding equipment and ability to perform general routine maintenance.
- Working knowledge of Standard English grammar, spelling and punctuation, and ability to prepare detailed reports, such as activity reports.
- Working knowledge of all applicable safety precautions, and ability to apply such knowledge when working in traffic.
- Ability to safely operate automated sanitation truck and related hydraulic controls.
- Ability to provide public access to or maintain confidentiality of Department information and records according to state requirements.
- Ability to effectively communicate orally and in writing with co-workers, other County Departments, and the general public, including being sensitive to professional ethics, gender, cultural diversities, and disabilities.
- Ability to understand memorize, retain, and carry out written or oral instructions and present findings in oral or written form.
- Ability to comply with all employer and department policies and work rules, including, but not limited to, attendance, safety, drug-free workplace, and personal conduct.
- Ability to follow policies and procedures and legal requirements, and ability to apply such knowledge to a variety of interrelated processes, tasks, and operations.
- Ability to utilize computerized programs and related software as required.
- Ability to work alone with minimum supervision and with others in a team environment.
- Ability to work on several tasks at the same time and work rapidly for long periods of time.
- Ability to apply knowledge of people and/or locations.
- Ability to physically perform assigned duties, including sitting/walking at will, sitting/standing/walking for long periods, lifting/carrying objects weighing more than 75-100 pounds, pushing/pulling objects, bending at waist, reaching, close/far vision, color/depth perception, handling/grasping objects, and hearing sounds/communication.
- Ability to occasionally work extended, evening and/or weekend hours.



**III. RESPONSIBILITY:**

Incumbent works according to a formal schedule with work priorities determined by supervisor. Incumbent receives indirect or occasional supervision with assignments guided by definite objectives using a variety of methods or procedures with incumbent referring to supervisor for unusual matters, such as policy interpretations.

Incumbent reports directly to Sanitation Superintendent.

**IV. PHYSICAL EFFORT:**

Incumbent performs duties which require moderate physical exertion, involving sitting/walking at will, sitting/standing/walking for long periods, lifting/carrying objects weighing 75-100 pounds, pushing/pulling objects, bending at waist, reaching close/far vision, color/depth perception, handling/grasping objects, and hearing sounds/communication.

**V. WORKING CONIDITIONS**

Incumbent performs the majority of duties outdoors and/or in a sanitation truck, and is frequently exposed to normal hazards associated with operating such machinery, including traffic, noise, grease, dirt, vehicle fumes, extreme temperatures, icy and wet surroundings, inclement weather, and walking on uneven terrain. Safety precautions must be followed at all times to avoid injury to self and others, including wearing protective clothing and/or equipment.

Incumbent occasionally works extended, evening and/or weekend hours.

**APPLICANT/ EMPLOYEE ACKNOWLEDGEMENT:**

The job description for the position of Automated Operator Technician for the Sanitation Department describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description, and understand that it is not a contract for employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein, and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlined?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date



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Print or Type Name



Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

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Why do you want to leave?

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May we contact your current employer?    Yes:            No:            If no, please explain why:

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!    Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per: \_\_\_\_\_ Ending salary: \_\_\_\_\_ per: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
Work phone: \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

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Reason for leaving:

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May we contact your current employer?    Yes:            No:            If no, please explain why:

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!    Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per: \_\_\_\_\_ Ending salary: \_\_\_\_\_ per: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
Work phone: \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

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Reason for leaving:

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May we contact your current employer?    Yes:            No:            If no, please explain why:

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!    Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per: \_\_\_\_\_ Ending salary: \_\_\_\_\_ per: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
Work phone: \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

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Reason for leaving:

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May we contact your current employer?    Yes:            No:            If no, please explain why:

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→    *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From: \_\_\_\_\_ to \_\_\_\_\_            Reason:

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From: \_\_\_\_\_ to \_\_\_\_\_            Reason:

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## EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended: *Attach additional pages as needed.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Diploma? Yes:            No:            GED?    Yes:            No:

Activities, awards: (You may exclude any which indicate race, color, religion, gender, age national origin, or disability.)

\_\_\_\_\_

College(s) or Trade Schools(s) *Attach additional pages as needed.*

! Name: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Degrees(s): \_\_\_\_\_

Major/minor course(s) of study: \_\_\_\_\_

! Name: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Degrees(s): \_\_\_\_\_

Major/minor course(s) of study: \_\_\_\_\_

Activities, awards: (You may exclude any which indicate race, color, religion, gender, age national origin, or disability.)

\_\_\_\_\_

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_

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### MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here and skip to the next section.

Military Branch	Dates of Service	Highest Rank Attained	Rank at Separation
_____	_____	_____	_____

Type of Discharge: \_\_\_\_\_

Citations/awards received: \_\_\_\_\_

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### PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training: \_\_\_\_\_

CDL Class A: \_\_\_\_\_ CDL Class B: \_\_\_\_\_

Air Brake Endorsement: \_\_\_\_\_ Tanker Endorsement: \_\_\_\_\_ HAZMAT Endorsement: \_\_\_\_\_

Professional/special license(s) or certificate(s):

State	Issued by	Date Issued	Expiration	Type	License#
_____	_____	_____	_____	_____	_____

Have you had any license suspended, revoked or terminated? Yes: No: If yes, explain:

\_\_\_\_\_

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### PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name	Address	Phone	Offices/Positions
_____	_____	_____	_____

Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)

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### PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school?      Yes:                  No:                  If yes, please explain:

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Have you ever been convicted of a felony?                  Yes:                  No:                  If yes, please explain:

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List three references who are not related to you and are not former employers or supervisors who we are authorized to contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Number of years known: \_\_\_\_\_

List any former employers or other individuals/organization we are **not** authorized to contact:

Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes:            No:            If yes, please explain (including jurisdiction of registry):

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### APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initial at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

! I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/ or psychological examination that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

! I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

! I understand and accept that if any information in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statement contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date