



## Employment Application Pack

|                           |                            |
|---------------------------|----------------------------|
| Position Title:           | Treatment Plant Operator   |
| Vacancy Reference Number: | VRN21/22-050               |
| Department:               | Council Services           |
| Location:                 | Biloela                    |
| Employment Status:        | Permanent, Full Time       |
| Recruitment Closes:       | Open until position filled |

### TO APPLY

Submit the following documentation via email or in person:

- Application for Employment
- Cover Letter
- Resume
- Copies of any relevant Qualification/Tickets/Licences are not required – please include details in the application form.

*Your Cover Letter should outline qualifications, education and licences as well as abilities, skills and knowledge found on page two of the Position Description. Ensure you provide relevant examples where you have demonstrated your ability to perform the duties and responsibilities required in the Position Description.*

Email: [enquiries@banana.qld.gov.au](mailto:enquiries@banana.qld.gov.au)

In person: Banana Shire Council Admin Office, 62 Valentine Plains Road, Biloela

**BANANA SHIRE COUNCIL APPLICATION FOR EMPLOYMENT**

| APPLICANT DETAILS                                                                                                                                                                                        |                                                                                                                                                                                                                     |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| POSITION APPLYING FOR: <b>Treatment Plant Operator</b>                                                                                                                                                   | VRN <b>21/22-050</b>                                                                                                                                                                                                |                                                                        |
| FAMILY NAME:                                                                                                                                                                                             | GIVEN NAME(S):                                                                                                                                                                                                      |                                                                        |
| TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____                                           |                                                                                                                                                                                                                     |                                                                        |
| MAILING ADDRESS:                                                                                                                                                                                         | MOBILE NO:                                                                                                                                                                                                          |                                                                        |
| POSTCODE:                                                                                                                                                                                                | TELEPHONE NO:                                                                                                                                                                                                       |                                                                        |
| EMAIL ADDRESS:                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                        |
| IN ORDER FOR BANANA SHIRE COUNCIL TO MONITOR ITS ADVERTISING, COULD YOU PLEASE INDICATE WHERE YOU SAW THIS POSITION ADVERTISED?                                                                          |                                                                                                                                                                                                                     |                                                                        |
| <input type="checkbox"/> Facebook                                                                                                                                                                        | <input type="checkbox"/> SEEK                                                                                                                                                                                       | <input type="checkbox"/> LinkedIn                                      |
| <input type="checkbox"/> Newspapers _____                                                                                                                                                                | <input type="checkbox"/> Posters/Mail outs                                                                                                                                                                          | <input type="checkbox"/> The Australian Local Government Job Directory |
| <input type="checkbox"/> Banana Shire Council Website                                                                                                                                                    | <input type="checkbox"/> On-Line (Please specify website) _____                                                                                                                                                     |                                                                        |
| ELIGIBILITY TO WORK IN AUSTRALIA (Originals must be presented upon, or prior to, commencement of employment as requested by Council)                                                                     |                                                                                                                                                                                                                     |                                                                        |
| Are you an Australian/New Zealand citizen or Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                |                                                                                                                                                                                                                     |                                                                        |
| If no, do you have a working visa? (Please specify type) Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                        |                                                                                                                                                                                                                     |                                                                        |
| LICENCES (Originals must be presented upon, or prior to, commencement of employment as requested by Council)                                                                                             |                                                                                                                                                                                                                     |                                                                        |
| Class of Licence:                                                                                                                                                                                        | <input type="checkbox"/> Car (C) <input type="checkbox"/> LR <input type="checkbox"/> MR <input type="checkbox"/> HR <input type="checkbox"/> HC <input type="checkbox"/> MC <input type="checkbox"/> RE/R          |                                                                        |
|                                                                                                                                                                                                          | <input type="checkbox"/> Open <input type="checkbox"/> Provisional <input type="checkbox"/> Learners                                                                                                                |                                                                        |
| Licence issued in                                                                                                                                                                                        | <input type="checkbox"/> Queensland <input type="checkbox"/> Another State/Territory <input type="checkbox"/> Another Nation                                                                                        |                                                                        |
| PLANT OPERATOR TICKETS (Originals must be presented upon, or prior to, commencement of employment as requested by Council)                                                                               |                                                                                                                                                                                                                     |                                                                        |
| Please list the <b>current</b> Plant Operator Tickets you possess ( <b>Please provide details on a separate sheet if necessary</b> ):                                                                    |                                                                                                                                                                                                                     |                                                                        |
| BLUE CARD (Originals must be presented upon, or prior to, commencement of employment as requested by Council)                                                                                            |                                                                                                                                                                                                                     |                                                                        |
| Do you possess a Blue Card issued by the Commissioner for Children and Young People and Child Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |                                                                                                                                                                                                                     |                                                                        |
| WHITE CARD (Originals must be presented upon, or prior to, commencement of employment as requested by Council)                                                                                           |                                                                                                                                                                                                                     |                                                                        |
| Do you possess a White Card (QLD General Safety Induction [Construction Industry] Certification)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                               |                                                                                                                                                                                                                     |                                                                        |
| QUALIFICATIONS (Please provide details on separate sheet if more than one Qualification is held)                                                                                                         |                                                                                                                                                                                                                     |                                                                        |
| Level of Qualification:                                                                                                                                                                                  | <input type="checkbox"/> Masters <input type="checkbox"/> Post Graduate <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate/Trade <input type="checkbox"/> School |                                                                        |
| Course Name:                                                                                                                                                                                             | Year Qualification Obtained:                                                                                                                                                                                        |                                                                        |
| Educational establishment where qualification attained: <input type="checkbox"/> University <input type="checkbox"/> TAFE <input type="checkbox"/> Other Training Centre <input type="checkbox"/> School |                                                                                                                                                                                                                     |                                                                        |
| Name of Establishment: _____ Country (If outside Australia): _____                                                                                                                                       |                                                                                                                                                                                                                     |                                                                        |

| REASONABLE ADJUSTMENTS                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Should you be shortlisted, are there any considerations that Council need to be aware of to make reasonable adjustments? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes, please state details:

**WORK RELATED REFEREES**

Name: \_\_\_\_\_ Mobile phone No : \_\_\_\_\_

Organisation: \_\_\_\_\_ Business phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile phone No : \_\_\_\_\_

Organisation: \_\_\_\_\_ Business phone No: \_\_\_\_\_

**EMPLOYMENT HISTORY (Mandatory)**

| Employer | Length of Service | Year Completed Service | Summary of duties | Business phone no. |
|----------|-------------------|------------------------|-------------------|--------------------|
|          |                   |                        |                   |                    |
|          |                   |                        |                   |                    |

I hereby grant Banana Shire Council Human Resource Business Partner permission to contact the Payroll department of the above mentioned Employer to confirm the following;

1. Length of Service
2. Position Title held at time of resignation

**PERMISSION/DECLARATIONS**

- To avoid any potential conflict of interest in appointing an independent interview panel, please advise if you have an association with or connection to current members of staff. Note: this information is confidential and will only be used to select an independent interview panel.

Yes  No

If yes, please indicate persons you have an association with: \_\_\_\_\_

- I certify that all answers and statements on this Application Form and any attachments thereto are true and complete to the best of my knowledge. I understand that, should I provide untruthful or misleading information, this application may be rejected or my employment with Council subsequently terminated.
- I agree to complete the Health Declaration Form and agree to a medical examination with Council's medical practitioner if required by Council.
- I authorise Council to conduct Police Search checks for any offences that may be recorded against me. I understand that an adverse result may affect my employment or potential employment opportunities with Banana Shire Council.
- I authorise Council to contact my listed referees and the Employer's Payroll Department for employment purposes only.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY COLLECTION NOTICE:**

**The personal information gathered by Banana Shire Council on this form is for recruiting purposes only and will not be used for any other purpose or given to any other party unless you have consented or Council is required or authorised by law to do so.**

*Thank you for applying for this position. Council welcomes copies of supporting documentation and your resume, however original documents and presentation folders will not be returned*

### POSITION DETAILS

|                        |                                                                                                              |                    |                      |
|------------------------|--------------------------------------------------------------------------------------------------------------|--------------------|----------------------|
| Position Title:        | Treatment Plant Operator                                                                                     |                    |                      |
| Classification:        | Level 8                                                                                                      | Position Status:   | Permanent, Full Time |
| Employment Conditions: | Queensland Local Government (Stream B) Award – State 2017<br>Banana Shire Council Certified Agreement – 2021 |                    |                      |
| Department:            | Council Services                                                                                             | Location:          | Biloela              |
| Reports to:            | Supervisor – Treatment Technology                                                                            | Number of reports: | 0                    |

### ABOUT COUNCIL

#### Our Vision

“Shire of Opportunity”

To improve the quality of life for our communities through the delivery of efficient, effective and sustainable services and facilities.

#### Our Mission

Our Council is committed to promoting and striving for continuous improvement in all that we do, for the benefit and growth of the whole of our Shire.

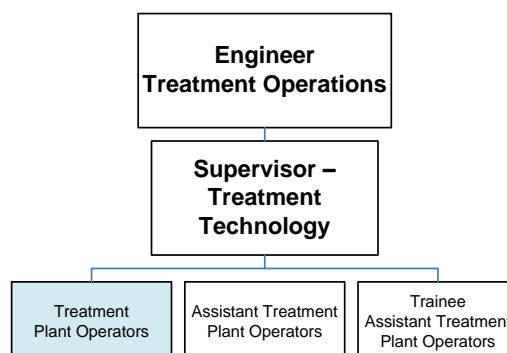
#### Our Values

- Advocacy for our people
- Effective and responsive leadership
- Integrity and mutual respect
- Honesty, equity and consistency in all aspects of Council’s operations
- Quality of service to our citizens
- Work constructively together, in the spirit of teamwork
- Sustainable growth and development

### GENERAL POSITION INFORMATION

Operate and maintain Council’s treatment plants in accordance with legislative requirements and Council Policies.

### ORGANISATIONAL REPORTING ARRANGEMENTS



## DUTIES AND RESPONSIBILITIES

- Provide advice and support to assistant operators and trainees
- Operate, maintain and repair water supply and sewerage infrastructure including swimming pools, reservoirs, bores, pump stations and chlorination facilities
- Monitor treatment process parameters, including chemical and dosing requirements
- Collect samples for analysis and undertake routine analysis
- Respond promptly to operational changes to ensure continuity of supply of treated water/wastewater to defined standards
- Detect and report changes in water/wastewater treatment which may affect quality, distribution and supply to the Supervisor
- Respond to enquiries from internal and external customers promptly and professionally
- Maintain log sheets, asset records and monthly reports
- Update Council's state-wide water information management system (SWIMs) with operational tasks and test results
- Utilise the SCADA/Telemetry network and associated equipment to monitor key operational parameters and respond to alarms/exceedances accordingly
- Undertake stocktakes of consumable supplies and maintain relevant stock levels
- Ensure safe use and storage of dangerous goods (eg. Chlorine, hydrochloric acid)
- Assist in the supervision of contractors and other employees as required
- Operate within Council's Drinking Water Quality Management and Recycled Water Management Plans
- Undertake routine administrative tasks as required by the position eg. timesheets
- Assist senior staff to continuously improve work processes and develop new practices as required
- Participate in training, exercises and response to disaster management and recovery as required
- Undertake other relevant duties as directed, consistent with skills, competence and training.

## QUALIFICATIONS, EDUCATION AND LICENCE REQUIREMENTS

### Compulsory

- Queensland C class manual drivers licence (minimum requirement – provisional licence)
- Certificate III in Water Industry, or relevant equivalent qualification
- General Safety Induction (Construction Industry) Certification (White Card)

## ABILITIES, SKILLS AND KNOWLEDGE REQUIRED

### Compulsory

- Water and wastewater treatment operational experience
- Knowledge of relevant treatment operation legislative requirements
- Ability to troubleshoot and resolve process issues
- Computer skills (eg. MS Office and SCADA/Telemetry systems)
- High level of oral and written communication skills
- Customer service skills and experience
- High level team work skills
- Sound understanding of and commitment to EEO and WHS principles and practices.

## CORPORATE OBLIGATIONS

The Employee agrees to comply with the following:

- Workplace Health and Safety policies and procedures
- Customer service standards
- Council's Code of Conduct
- Council's Environmental Policy
- Anti-discrimination legislation, actively promoting its principles in all activities
- Human Resources policies and procedures
- Financial Management policies and procedures
- Records Management policies and procedures
- Disaster Management policies and procedures

## SPECIFIC CONDITIONS/REQUIREMENTS

- The employee acknowledges that this role requires them to hold and maintain a class 'C' manual drivers licence and that the loss of licence may jeopardise employment with Council
- The employee agrees to be available for work on weekends and public holidays as required
- The employee agrees to participate in an on call roster
- The employee acknowledges that this role has been identified as working in an 'at risk work location' and/or is an 'at risk worker' and subsequently agrees to be protected by the relevant immunisations in accordance with Council's Staff Immunisation Program and will participate in required health monitoring in accordance with the guidelines set out by council and relevant legislation and industry standards
- The employee acknowledges this role is physically demanding and requires an adequate level of fitness to be held and maintained in order to successfully undertake manual labouring tasks
- The employee acknowledges that they may be required to travel to other towns within the Shire to operate other Council treatment plants.

## ACKNOWLEDGEMENT

This position description outlines the responsibility level of the role and the general nature of work to be performed in this role. Your Supervisor will facilitate training and provide guidance on the specific requirements of the role. By signing this document you understand this and commit to the corporate obligations and specific conditions/requirements of the role as listed above and understand that failure to comply may jeopardise your employment with Council.

Name:

Signature:

Date: