

## EQUIPMENT OPERATOR

Kossuth County Secondary Road Department has an opening for an equipment operator position located at Swea City, Iowa. Qualified applicants should possess good communication skills, experience with operating construction equipment, road construction, road maintenance and have a strong work ethic. Compensation includes a wage rate range of \$27.00 to \$27.52 per hour, health and dental insurance and Iowa Public Employees' Retirement System. Possession of or the ability to obtain a Class "A" Commercial Driver's License with air brake endorsement is required. A pre-employment physical, pre-employment drug test, registration with the US Federal Motor Carrier Safety Administration Drug and Alcohol Clearinghouse and pre-employment criminal background check is required. The successful applicant will be required to live in or near the Swea City area. An application packet may be obtained at the office of the Kossuth County Engineer, 114 West State Street, Suite 5, Algona, IA, 50511, may be requested by calling 515-295-3320, or by emailing [lhefty@kossuthcounty.iowa.gov](mailto:lhefty@kossuthcounty.iowa.gov) or may be downloaded by using the position details button to the right of the Algona Equipment Operator Application Packet on Kossuth County's Website <https://kossuthcounty.iowa.gov/careers/>. Applications will be accepted at the Kossuth County Engineer's Office until January 30, 2026 or until the position is filled.

KOSSUTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

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# KOSSUTH COUNTY SECONDARY ROAD DEPARTMENT APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

LAST NAME

## PERSONAL INFORMATION

DATE

DRIVERS LICENSE NUMBER

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMENENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?    Y    N

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY DUE TO VISA OR IMMIGRATION STATUS?    Y    N

## EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY:

FIRST NAME

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE NAME

## GENERAL

DO YOU POSSESS A CURRENT CLASS A COMERCIAL DRIVERS LICENSE WITH AIR BRAKE ENDORSEMENT?

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC.):

U.S. MILITARY OR  
NAVAL SERVICE

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST PREVIOUS EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE THE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH MY APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT SUBJECT ME TO DISQUALIFICATION OR, IF HIRED, DISMISSAL. I GIVE KOSSUTH COUNTY PERMISSION TO COMPLETE A BACKGROUND INVESTIGATION ON ME AND TO FURTHER GIVE THE INVESTIGATION RESULTS TO THE KOSSUTH COUNTY ENGINEER.

DATE

SIGNATURE

***DO NOT WRITE BELOW THIS LINE***

INTERVIEWED BY

DATE

REMARKS:

HIRED:

DATE REPORTING TO WORK



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: 6522-F  
(if applicable)

Mail or Fax completed forms to:

**Iowa Division of Criminal Investigation**  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

Send results to:

Name Doug Miller, Kossuth County Engineer  
Address 114 W. State Street, Suite 5  
Algona, Iowa 50511  
Phone 515-295-3320  
Fax 515-295-4973

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

**\*\*\*This form (DCI-77) is the only approved release authorization form for this purpose.\*\*\***

**Release Authorization:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

**Release Authorization Signature:** \_\_\_\_\_

### Iowa Criminal History Record Check Results

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # \_\_\_\_\_

DCI initials \_\_\_\_\_

### **Release Authorization Information:**

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.

# **General Consent for Pre-Employment Full Query of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent, to allow **Kossuth County** to conduct a full pre-employment query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the full pre-employment query conducted by **Kossuth County** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Kossuth County** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Kossuth County** to conduct a full pre-employment query of the Clearinghouse, **Kossuth County** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I also understand that if I refuse to provide consent to the Clearinghouse, it will prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I further understand that performing safety-sensitive functions is a requirement of Secondary Road Equipment Operators, Mechanics and Foremen, as well as Transfer Station Equipment Operators and Foremen.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*\*If you are not registered in the Clearinghouse, please create your account at:**

<https://clearinghouse.fmcsa.dot.gov/>

Follow the instructions on the Register tab; under “Driver” role.

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## Kossuth County, Iowa

**Position:** Equipment Operator

**Department:** Secondary Roads

**Reports to:** Road Foreman and County Engineer

**FLSA:** Non-Exempt

**Effective Date:** October 31, 2024

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### **I. General Summary/ Essential Functions**

With minimum supervision performs skilled operation of specialized highway maintenance equipment.  
Operates equipment including snow removal equipment, crawler tractors, motor patrols, wheel and track loaders, dump trucks, in routine maintenance and construction activities.  
Assists in maintaining all county roads and bridges.  
Performs routine maintenance on the machinery being utilized.  
May be required to perform manual labor to load and unload material  
May erect or repair signs, barricades, snow fences, or spread chemicals.  
Perform various tasks in maintaining shops, servicing cars, trucks and other assigned equipment.  
Assists in placing and removing snow equipment.  
Work assignments may be carried out without immediate or continuing supervision.  
Work is normally checked upon completion for adherence to instructions.  
Performs preventative maintenance functions on assigned equipment.  
Uses independent action in accomplishing recurring or emergency tasks.  
Performs related work as required.

### **II. Education / Experience / Qualifications**

Completion of high school or GED equivalent plus at least eighteen (18) months experience involving the operation of heavy equipment or an equivalent combination of training and experience.

### **III. Licensing and Certification**

Possession of a valid CDL Class "A" license with air brakes endorsement

### **IV. Knowledge / Skills / Abilities**

#### **A. Knowledge**

- Knowledgeable in the maintenance and operation of heavy equipment.
- Working knowledge of mechanical principles.
- Willingness to participate in On-the-Job Training (OJT).
- Willingness to attend related education courses

#### **B. Skills**

- Operation of heavy equipment
- Good Communication skills.

#### **C. Abilities**

- Ability to establish and maintain a good working relationship with co-worker's and the public.
- Ability to work for extended periods of time under adverse weather conditions

# PHYSICAL REQUIREMENTS & WORKING CONDITIONS WORKSHEET

R= RARELY, LESS THAN 15% OF TIME  
 O = OCCASIONALLY, 15% - 40% OF TIME  
 F = FREQUENTLY, 40% - 70% OF TIME  
 C= CONSTANTLY, MORE THAN 70% OF TIME

COMPANY: KOSSUTH COUNTY

JOB TITLE: EQUIPMENT OPERATOR - SECONDARY ROADS

DATE: September 30, 2022

PHYSICAL DEMANDS	N/A	R	O	F	C		N/A	R	O	F	C		N/A	R	O	F	C	
Standing				x		Stooping 15-20%				x		Feeling						x
Walking				x		Kneeling			x			Talking					x	
Sitting				x		Crouching			x			Hearing: Speech						x
Lifting-Max. Weight 50#			x			Body Pivoting			x			Hearing: All Ranges						x
Carrying-Max. Weight 50#			x			Repetitive Motions					x	Seeing-Reading						x
Pushing-Max. Force 50#			x			Crawling			x			Seeing-Distant						x
Pulling-Max. Force 50#			x			Reaching, high, low, level				x		Depth Perception						x
Climbing- Stairs				x		Grasping					x	Color Vision		x				
Climbing- Ladders				x		Finger Dexterity					x							
Balancing				x														
Climbing up into equipment				x														
Working Conditions	N/A	R	O	F	C		N/A	R	O	F	C		N/A	R	O	F	C	
Extreme Cold-Below 32°F			x			Vehicle Use-Highway				x		Chemicals						
Extreme Heat-Above 100°F		x				Vehicle Use-Property					x	List:						
Dryness			x			Working/ people				x		Household Hazardous Waste				x		
Wetness			x			Working alone			x									
Humidity-Above 90%		x				Airborne Contaminants				x								
Confined Spaces			x			(List those normally												
Elevated Heights		x				in work area)				x								
Noise-Over 85 Decibels				x		Dust, Exhaust, Diesel Fuel, Environmental Waste												
Moving Equipment					x													
Vibrating Equipment					x													
PROTECTIVE EQUIP. REQUIRED	N/A	R	O	F	C		N/A	R	O	F	C		N/A	R	O	F	C	
Respirator-Breathing Apparatus		x				Special Clothing:												
Special Eye Protection				x		Arms, Hands, Fingers				x								
Hearing Protection				x		Legs, Feet, Toes				x								
Head Protection			x			Body Protection:				x								
						Leather Gloves, Long Pants, Work Shoes						x						

ADDITIONAL INFORMATION (INCLUDE "PREFERRED" REQUIREMENTS AND ADD COMMENTS WHICH SUPPORT OR DEFINE "ESSENTIAL" REQUIREMENTS.)

Sitting may be required constatly while operating equipment.  
 Over-time may be required.  
 Working in extreme cold required frequently in winter months.  
 Ability to work in stressful situations rarely.

FEDERAL AND STATE LAW PROHIBIT DISCRIMINATION FOR PHYSICAL OR MENTAL DISABILITY UNLESS THE DISABILITY PRECLUDES PERFORMANCE OF THE ESSENTIAL FUNCTIONS OF THE JOB (WITH OR WITHOUT REASONABLE ACCOMMODATION) OR WOULD BE A HAZARD TO THE EMPLOYEE OR HIS/HER FELLOW WORKERS. ITEMS CHECKED ABOVE APPLY TO THE SPECIFIC JOB SHOWN ABOVE.