

Thank You

for your interest in working for Carter County Weed District!

APPLICATIONS MAY BE RETURNED TO:

**-COUNTY TREASURER'S OFFICE
MON-FRI: 8AM-5PM**

**-COUNTY WEED OFFICE
MON-FRI: 7AM-4PM**

**-RED DROP BOX OUTSIDE OF COUNTY
WEED SHOP, ANYTIME**

**-BY MAIL TO:
CARTER COUNTY WEED DISTRICT
PO BOX 315
EKALAKA, MT 59324**

**-BY EMAIL TO:
CCWD@CARTERCOUNTYMT.GOV**

**CONTACT OUR OFFICE:
406-775-6278**

APPLICANTS MUST HOLD A VALID DRIVER'S LICENSE. CARTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND RESERVES THE RIGHT TO REJECT ANY AND ALL APPLICATIONS. MUST BE AT LEAST 16 YEARS OF AGE TO APPLY. THE CARTER COUNTY WEED BOARD WILL BE ACCEPTING APPLICATIONS UNTIL POSITIONS ARE FILLED.

Carter County Noxious Weed Spray Crew

Job Description – Seasonal Full-Time Operator

Title: Carter County Spray Crew

Department: Carter County Weed District

Location: Ekalaka, Montana

Job Summary: Employee is responsible for weed control through the proper application of herbicides in accordance with Federal, State and County laws. Duties include but are not limited to: safely handling and proper mixing of herbicides, the action of spraying noxious weeds, performing maintenance and calibration of equipment within ability.

Special Requirements:

- Maintain a current Driver's License.
- Must be 18 years or older to operate County issued vehicles and apply restricted use herbicides.

Knowledge and Skills:

- Ability to communicate effectively.
- Ability to read a map and use GPS program(s).
- Perform maintenance and repairs to spray equipment and vehicles within ability.
- Read and understand herbicide labels.
- Working knowledge of plant identification.
- Working knowledge of computers, electronic communications, and programs including but not limited to: Microsoft Word and Microsoft Excel.

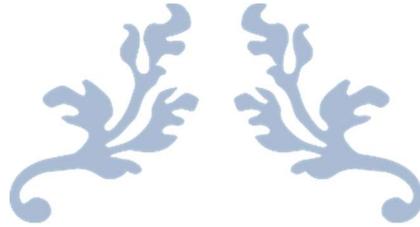
Job Duties and Responsibilities:

- Identify noxious and undesirable vegetation.
- Mix and apply herbicides in accordance with work orders and record/log all sprayed areas in accordance with department policies.
- Review herbicide labels for each product before each application.
- Keep accurate records of materials used and work performed.
- Must be willing to work outside with flexible hours to accommodate the weather during spray season.
- Operate vehicles and application delivery systems including but limited to: spray trucks, AVT/UTV, and other spray equipment that has been allotted to the county for noxious weed control.
- Calibrate and perform maintenance on spray equipment within ability.
- Properly dispose of empty herbicide containers and rinsate materials along with maintaining the appearance and cleanliness of the facility.
- Maintain a professional image with the public.
- Perform other duties as assigned including but not limited to: managing special projects, participating in training, and any duties directed by the Supervisor(s) and Weed Board.

Carter County Noxious Weed Spray Crew Job Description – Seasonal Full-Time Operator

Physical Demands and Working Conditions:

- May be required to sit, stand write, read and use hands to handle or feel objects for extended amounts of time.
- Frequently required to lift and move up to 50 pounds, safely.
- The nature of the job requires employees to work around moving or mechanical parts with fumes or airborne particles and may be exposed to hazardous material.
- The nature of the job requires the employees to work in outdoor conditions with the risk of heat exposure.
- The employee normally works in rough and uneven terrain with the risk of rollovers and accidents.
- The employee normally works in environments where naturally occurring environmental dangers are present.
- The employee is always required to wear and use personal protective equipment that may include but is not limited to: boots or close-toed shoes, long pants, long sleeve shirts, gloves, and safety glasses.



CARTER COUNTY WEED DISTRICT

NOXIOUS WEED SPRAY OPERATOR: JOB APPLICATION



CARTER COUNTY WEED DISTRICT
714 MORMON AVE S, PO BOX 315, EKALAKA, MT 59324

CARTER COUNTY WEED DISTRICT

Noxious Weed Spray Crew

APPLICATION FOR EMPLOYMENT

Applicant Information

APPLICANT FULL NAME: _____

HOME PHONE: _____ OTHER PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Position applying for: **Operator (18+)** _____

How did you learn about this job opening? _____

Are you applying for:

- Temporary Work- (such as summer or holiday work)
- Regular Part Time
- Regular Full Time

If hired, what date can you start working? _____

Are you available to work over time? _____

Personal Information

Have you ever applied to and/or worked for Carter County before? _____

If yes, please explain (include date) _____

Do you have any relatives working for Carter County? _____

If yes, state name and relationship _____

If hired, would you have transportation to/from work? _____

Are you over the age 18? _____ Are you a U.S. citizen? _____

If no, can you provide proof of your legal right to work in the United States? _____

If hired, are you willing to submit to and pass a controlled substance test? _____

Are you able to perform the essential functions of the job for which you are applying, with/without reasonable accommodation? _____

If no, describe the function that cannot be performed _____

CARTER COUNTY WEED DISTRICT

Noxious Weed Spray Crew

Have you ever been convicted of a criminal offence? _____

If yes, please describe the crime, state nature of the crime(s), when, and where convicted.

Notes:

Carter County complies with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/ability and may be subject to a medical examination conducted by a medical professional.

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offence, the nature of the offence, including any significant details that affect the description of the event, the surrounding circumstances, and the relevance of the offence to the position applied for may, however, be considered.

Do you have any other experience, training, qualifications, volunteer experience, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Please use the area below to explain:

Education, Training, and Experience:

High School:

School Name: _____ Number of years completed: _____
School Address: _____ Diploma or GED earned? _____

College / University

School Name: _____ Number of years completed: _____
School Address: _____ Degree earned: _____

Vocational School:

School Name: _____ Number of years completed: _____
School Address: _____ Degree earned: _____

CARTER COUNTY WEED DISTRICT

Noxious Weed Spray Crew

Military:

Branch: _____ Rank in Military: _____

Total Years of Service: _____ Skills/Duties: _____

Related Details: _____

Employment History

Are you currently employed? _____ If yes, may we contact your current employer? _____

Below please describe past and present employment positions, dating back five years. Please account for all periods of unemployment.

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Address: _____

Length of Employment: _____ Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? _____

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Address: _____

Length of Employment: _____ Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? _____

CARTER COUNTY WEED DISTRICT

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Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Address: _____

Length of Employment: _____ Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? _____

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Length of Employment: _____ Position: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? _____

CARTER COUNTY WEED DISTRICT

Noxious Weed Spray Crew

References

Name: _____ Telephone Number: _____

Address, City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name: _____ Telephone Number: _____

Address, City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name: _____ Telephone Number: _____

Address, City, State, Zip: _____

Occupation: _____ Number of Years Acquainted: _____

Please read and sign below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or any document used to secure can be grounds for rejection of application, or if I am employed by Carter County, terms for my immediate expulsion from County employment.

I permit Carter County to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Carter County, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to such inspection of disclosure.

Applicant's Signature: _____ **Date:** _____