

JOB ANNOUNCEMENT

CODE ENFORCEMENT OFFICER

Full Time – Permanent

Salary \$18.63 - \$21.57

Essential Functions:

Responsible for code enforcement, including limited police authority, of all City ordinances and state laws pertaining to the health, safety, and general welfare of City residents.

Qualifications (for a complete list please request an application packet):

Must be 18 years or older and possess a high school diploma.

Two years of public employment (preferred).

ability to obtain and maintain a valid Washington State Driver's License.

Must meet the requirements to hold a special commission with the Spokane County Sheriff's Office.

Additional qualifications as stated in job description.

To apply contact City Hall at (509) 565-5000 and request an application packet or download from www.medical-lake.org.

Position will remain open until filled.

City of Medical Lake

Job Description



Job Title: Code Enforcement Officer

Department: Public Works

Reports To: Public Works Director

Effective Date: 7/21/09

Major Function and Purpose

This position is appointed by the Mayor and reports to the Public Works Director. The Code Enforcement Officer administers and enforces all codes in the Medical Lake Municipal Code (MLMC) as well as the Revised Codes of Washington and the Washington Administrative Codes that provide for civil enforcement. He/She will frequently work unsupervised and needs to make functional decisions, as well as having daily public contacts requiring tact and professionalism.

Job Duties and Responsibilities

The job duties and responsibilities represented in this job description in no way imply that these are the only duties to be performed. Employees occupying the position will be required to follow any other job-related instructions and to perform any other job-related duties requested by a supervisor.

- Accountable for code enforcement, including limited police authority, of all City ordinances and state laws that pertain to the health, safety and general welfare of the citizens of the City;
- Accountable for enforcing any and all City ordinances providing for Civil Enforcement.

Knowledge, Skills and Abilities

While requirements may be representative of minimum levels of knowledge, skills and abilities to perform this job successfully, the incumbent will possess the abilities or aptitudes to perform each duty proficiently.

- Must have good working knowledge of basic communication and life skills normally acquired through the completion of a high school diploma and two years of public contact work experience.

- Must have a high degree of organizational ability, flexibility and public service ability, including effective communications with the public and department heads.
- Ability to obtain and maintain a valid Washington State Driver's license.
- Must have excellent service skills.
- Must be capable of meeting the requirements to hold a special commission with the Medical Lake Police Department.
- Must be able to testify and present evidence in Court.

Working Conditions and Physical Abilities

The work environment and characteristics described here are representatives of those an employee encounters while performing the essential functions of this job. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

Some work is performed indoors with prolonged sitting. Inspections and investigations are performed outdoors and require combinations of standing, walking, kneeling, and crawling, reaching, climbing and occasional lifting of 10 – 20 pounds. The environment is sometimes stressful in trying to meet customer needs and/or issuing Notices of Violations. Hand-eye coordination and fine manipulation skills are necessary to operate computers and other office machinery. Must have an ability to hear and speak clearly both in person and on the phone

Contacts and Relationships

The Code Enforcement Officer will have daily contact with employees of the City and with the citizens of the community. In addition, he/she will be expected to present him/herself in a manner creditable to the City in all contacts with any individual, agency, or jurisdiction.

Experience and Training

Any combination of experience and training that provides the desired skills, knowledge and abilities.

Requirements outlined in this job description may be subject to modification to reasonably accommodate individuals with disabilities who are otherwise qualified for employment in this position. However, some requirements may exclude

individuals who pose a direct threat or significant risk to the health and safety of themselves or other employees.

This job description does not constitute an employment agreement between the Employer and employee and is subject to change as the needs of the Employer and requirements of the job change. This job description should not be construed to imply that these requirements are the exclusive standards of the position. The duties listed above are intended only as illustrations of the various types of work that may be performed. Incumbents will follow any other instructions, and perform any other related duties, as may be lawfully required by their supervisor.

Doug Ross
Signature

7/22/09
Date

**City of Medical Lake
APPLICATION FOR EMPLOYMENT**

124 S. Lefevre
P. O. Box 369
Medical Lake, WA 99022-0369

Phone: (509) 565-5000

FAX: (509) 565-5008

PLEASE PRINT

THE POSITION APPLIED FOR: _____
(AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU)

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: Home:() _____ Work:() _____ Are you 18 years or older? Yes No

ARE YOU A CURRENT OR FORMER EMPLOYEE OF MEDICAL LAKE? Yes No **POSITION/DEPT:** _____

RELATIVES EMPLOYED BY THE CITY OF MEDICAL LAKE? Yes No **RELATIONSHIP/DEPT:** _____

IS THERE ANY CONDITION THAT WILL INTERFERE WITH PERFORMING THE ESSENTIAL DUTIES OF THE JOB APPLIED FOR WITH OR WITHOUT ACCOMMODATION? Yes No **IF YES, PLEASE DESCRIBE:**

TYPE OF WORK DESIRED: FULL-TIME PART-TIME SUMMER JOB SHARE
 OTHER _____
(Specify)

EDUCATION:

Type of School	School & Location	Dates	Major Course	Degree
High School or GED				
Business or Technical				
Undergraduate Studies				
Graduate Studies				
Other Courses and Training				

SPECIAL TRAINING/PROFESSIONAL LICENSES: _____

GIVE THE NUMBER OF YEARS EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING
(if appropriate for the job applied for):

10 Key _____ Data Entry _____ Typing _____ Dictaphone _____

Computer Software (please specify) _____

ARE YOU ELIGIBLE FOR VETERAN'S PREFERENCE? Yes No *(If Veteran's is granted proof of eligibility will be required)*

The City of Medical Lake is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job. A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

WORK HISTORY: Beginning with your present or most recent employment, list your work experience history. Be sure to include any non-paid experience which is related to the job for which you are applying.

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: (____) _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: (____) _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: (____) _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: () _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

If you need additional space, please continue on a separate sheet of paper

ADDITIONAL SKILLS and QUALIFICATIONS: (Summarize any additional job-related skills and/or qualifications)

If you need additional space, please continue on a separate sheet of paper

REFERENCES

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I hereby state that all the information given by me in this application is true in all respects. I understand that if the information is found to be false in any respect, my application will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits and my work performance while in their employ. I hereby authorize the personal references to release any personal information that may pertain to my work habits or work performance.

I understand that the City will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination and that any offer of employment with the City of Medical Lake is conditional upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory. I understand that if I am employed, the City will require that I submit to a drug or alcohol screen if I apply for promotion, if I am involved in an on-the-job accident, or if the City has a reasonable suspicion that I am under the influence of drugs or alcohol and I hereby authorize the release of the results of any physical examinations or drug tests required herein as necessary. I further understand that when the City has reasonable cause to believe that I possess a substance in violation of City policy, the City may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken from my place of employment.

Signature

Date

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the City of Medical Lake with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Medical Lake in determining my qualifications and fitness for the position I am seeking with the City.

I understand my rights under Title V, United States Code, Section 552a; the Privacy Act of 1974 and waive those rights with the understanding the information furnished will be used by the City of Medical Lake.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested.

Applicant's Signature

Date

NOTE:

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

You may retain this form in your files.