

**POSITION TITLE:** Mechanic

**DEPARTMENT:** Ottawa County Transportation Agency

**SCHEDULE:** 40 Hours weekly – Hours determined by the Supervisor. Pay rate is \$18-\$25 based on experience and knowledge. This position includes a competitive benefit package. Some weekends may be required.

**APPLICATION PROCEDURE:** An Application is attached to this posting or can be picked up at the office. Send completed application packets to:

Ottawa County Transportation Agency  
275 N. Toussaint South Rd.  
Oak Harbor, Ohio 43449  
Attn: Laurie Blair  
[lcleaver@octapublictransit.org](mailto:lcleaver@octapublictransit.org)

**APPLICATION DEADLINE:** Until Filled

**JOB SUMMARY:**

Under direction of the Maintenance Supervisor, is responsible for diagnostic, preventative and repair of county owned vehicles and equipment and those under the sold maintenance program. Qualified candidate must be proficient with the operation of equipment such as hand tools, power tools, welding torch, and diagnostic devices. The mechanic also provides general building maintenance and repairs.

**MINIMUM QUALIFICATIONS:**

- High school diploma or equivalent
- Must be 21 years or older
- Minimum of 5 years' experience as a mechanic
- Experience with hand tools, power tools, welding torch and diagnostic devices
- Valid Ohio Driving License
- Clean driving record
- Ability to lift, carry or move heavy objects
- Ability to operate all equipment and perform all essential job functions in any vehicle
- Clear Criminal Background Investigation (BCI) and/or Federal Background Check (FBI)
- Negative Drug/Alcohol Tests
- Ability to obtain a Commercial Driver's License (CDL) prior to the end of the probationary period
- First Aid/CPR certified (post hiring)
- Ability to listen, read, interpret and apply directions

OCTA is an Equal Opportunity Employer. OCTA is also a drug and alcohol free workplace. Applicants will be required to undergo drug and alcohol testing prior to employment and will be subject to further drug and alcohol testing throughout their period of employment.

**APPLICATION FOR EMPLOYMENT  
OTTAWA COUNTY**

*Ottawa County is an equal opportunity employer and employment decisions are made without regard to race, color, religion, sex, age, national origin, disability, military status, genetic testing, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification.*

**PLEASE PRINT CLEARLY OR TYPE**

Position(s) Applied For \_\_\_\_\_ Application Date \_\_\_\_\_

Rate of Pay Expected \_\_\_\_\_

Referral Source:  Advertisement  Relative  Inquiry  Website  
 Employment Agency  Friend  Other

Applicant Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Contact Information \_\_\_\_\_  
Home Phone Cell Phone or Other Contact No. Email Address

Are you legally eligible for employment in the United States?

*(Proof of citizenship or immigration status will be required upon employment.)*

Yes  No

If employed and you are under age 18, can you furnish a work permit?

Yes  No

Can you meet the attendance requirements of this position?

Yes  No

Can you travel if the job requires it?

Yes  No

Have you ever applied to Ottawa County before?

Yes  No

If yes, which office or department? \_\_\_\_\_

Have you ever worked for Ottawa County?

Yes  No

If yes, which office or department? \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Intermittent

Have you been provided with a written job description of the position for which you have applied? \_\_\_\_\_

List any relatives or friends who are employed by Ottawa County \_\_\_\_\_

**EDUCATION**

*Upon employment, the successful applicant may be required to provide proof of graduation or GED.*

Name and Location of School	Highest Level Completed	Did you Graduate?	Field of Study
High School or GED Courses			
College or Trade School			
Graduate or Business School			

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skills, including word processing, spreadsheets and data base programs. Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills including keyboarding and shorthand/speedwriting: \_\_\_\_\_

**LICENSES, REGISTRATIONS AND CERTIFICATIONS**

*Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.*

Do you presently hold a valid State of Ohio driver's license? *(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.)*

Yes     No

If yes, type of license:     Operator's     Commercial

Driver's License (CDL) Endorsements?

Please provide other License/Certification/Apprenticeship information including the certification numbers and expiration dates:

Please list any additional information you feel may be helpful to us when considering your application, including any special skills, business and civic activities, and honors. Exclude those which indicate race, color, religion, sex or national origin:

**EMPLOYMENT HISTORY**

Provide your work experience starting with your present or last job. All sections must be completed for each employer. Include any job-related military service assignments and volunteer activities. *Exclude organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.*

① Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

② Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

③ Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

④ Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Date Employed From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

Please explain any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

*Persons you have known for at least one year. Do not include former employers or relatives.*

Name & Occupation	Address	Telephone	Years Known

**SUMMARY OF QUALIFICATIONS**

*Briefly describe the experience, education, training and other factors that qualify you for the position you are applying .*

---



---



---

**APPLICANT STATEMENT AND SIGNATURE**

*Please read the statement carefully. Signature is required for application to be complete.*

I agree and understand that omissions, misstatements and falsifications will cause forfeiture on my part of all eligibility to any employment with Ottawa County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service when it is discovered. I expressly authorize Ottawa County, its representatives, members or agents the right to investigate and verify any information obtained through the application process. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job related information that will assist in this process.

I recognize that an offer of employment may be contingent upon successful completion of a pre-employment drug screen, alcohol screen, background investigation, criminal record check, valid and acceptable driving record, physical, and psychological tests. I understand that all conditions of employment, including, but not limited to hours, benefits and salary are subject to change by Ottawa County at any time. I understand that no representative of Ottawa County is authorized to make any assurances to the contrary and that no implied, oral and written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities.

I certify that all information I have provided in order to apply for and obtain employment with Ottawa County is true, complete, and correct.

\_\_\_\_\_  
Applicant Signature (Required)

\_\_\_\_\_  
Date Signed

## REFERENCE CHECK RELEASE

"I expressly authorize *Ottawa County*, its representatives, members or agents, the right to investigate and verify any information obtained through the application process.

I authorize all individuals, schools, and employers to provide any information requested about me, and I release them from all liability for damage in providing relevant, job-related information that will assist in the applicant consideration process."

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Any Other Names Used (*Maiden Name, Former Last Names, Nicknames*): \_\_\_\_\_

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

Current or Former Employer:

Please complete the attached Reference Check Form as authorized by the above Reference Check Release.

Completed forms can be faxed to 419-734-6885.

Thank you for your assistance!

*Robin Pfeiffer*  
Human Resources Director

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **The following FCRA right applies with respect to nationwide consumer reporting agencies:**

**CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE:** *You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.* The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

*Sign below to indicate you've received and reviewed Your Rights under the Fair Credit Reporting Act.*

Applicant Signature (Required)

Date Signed

**CONFIDENTIAL**  
**SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT**

**Previous US Department of Transportation Drug and Alcohol Testing**

\_\_\_\_\_  
Applicant First Name, Middle Initial, Last Name

\_\_\_\_\_  
Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes \_\_\_\_\_ (if yes, complete #1 and #2)

No \_\_\_\_\_ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes \_\_\_\_\_

No \_\_\_\_\_

b) Had a verified positive drug test result?

Yes \_\_\_\_\_

No \_\_\_\_\_

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes \_\_\_\_\_

No \_\_\_\_\_

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date