

TOWN OF COLONIE

DEPARTMENT OF PUBLIC WORKS

DIVISION OF PURE WATERS 347 Old Niskayuna Road Latham, New York 12110

Peter G. Crummey Town Supervisor Telephone: (518) 783-2766 Ext 4 Fax: (518) 783-2883 www.colonie.org/departments/purewaters

Job Advertisement Superintendent

01/22/2025

The Town of Colonie, a modern and growing community in the heart of the Capital District and Tech Valley and one of the largest townships in Upstate New York, seeks an experienced Superintendent for its Latham operations to continue our mission of protecting public health and the environment.

The Superintendent is responsible for the planning, directing, and supervision of all operations of the Town Sewer District. Additional responsibilities include technical engineering duties and overall management of all public infrastructure expansion and rehabilitation projects.

Candidates must have a thorough knowledge of the principles relating to design, operation and maintenance of sanitary sewer collection piping and pumping systems, and wastewater treatment plant physical, biological and chemical processes; thorough knowledge of modern management principles and practices, including cost-benefit analysis; thorough knowledge of management techniques as they apply to labor relations and contract negotiation and administration; thorough knowledge of the methods, tools, equipment and terminology used in wastewater collection, treatment and disposal systems; thorough knowledge of department budget preparation and administration; ability to read construction drawings contracts; ability to plan and supervise the work of others; ability to prepare detailed written reports and make oral presentations; ability to analyze sewer use charges and make projections. Extensive experience in successfully managing multi-million dollar public works capital improvement projects, thorough knowledge of construction specifications, plans, codes, rules and regulations associated with the industry, and the ability to supervise, direct and inspect the work of others are required. Geographic Information System, AutoCAD, Cityworks, and Asset Management System proficiency is a plus.

Candidates must possess a Bachelor of Science Degree in Engineering AND six years engineering experience in wastewater collection, treatment, and disposal, or in water treatment/distribution with at least two (2) years of which must have been in a responsible supervisory or administrative capacity. Must be a registered Professional Engineer in New York State and must maintain registration during the course of employment.

There is a ten-step salary program. Starting salary is \$103,194 and the full pay at the end of the ten-step salary program for 2025 is \$126,126. The increase amounts for the ten-step salary program and additional contractual increases for 2026 and beyond will be determined by contract negotiations. This position includes excellent health insurance, vision and dental insurance, employee assistance program, sick and vacation leave policies, work boot and clothing provisions, flexible benefits plan, a voluntary deferred compensation plan and NYS Retirement Plan.

Interested candidates who meet the minimum qualifications are encouraged to submit an Application for Employment (available at www.colonie.org/civilservice) and resume to: Personnel Officer, Town of Colonie, Memorial Town Hall, 534 New Loudon Road, Latham, NY 12110. Resumes without a signed application will not be considered.

SEWER DISTRICT SUPERINTENDENT

<u>DISTINGUISHING FEATURES OF THE CLASS</u>: Duties involve the overall responsibility for the planning, directing, and supervising all operations of the Town Sewer District. Additional responsibilities include technical engineering duties and overall management of all public infrastructure expansion and rehabilitation projects. The position is under the administrative supervision of the Commissioner of Public Works with considerable latitude for the exercise of independent judgement in formulating Division procedures, and with planning and directing of Division operations. Position involves negotiation of contracts with engineers, architects, contractors, etc. for the evaluation, expansion, rehabilitation and repair of the sanitary sewer infrastructure and wastewater treatment plant. Additional responsibilities include technical engineering duties and overall management of all Sewer District infrastructure expansion and rehabilitation projects. Participates in negotiations for intermunicipal agreements and contracts. The Superintendent makes recommendations to the Commissioner and Town Board concerning infrastructure and treatment plant improvements and rehabilitation. The incumbent performs related work as required.

TYPICAL WORK ACTIVITIES:

- Directs the overall administration of the Town's Sanitary Sewer District to assure the most efficient and economical use of personnel, equipment and supplies;
- Plans, assigns, and coordinates the activities of District personnel in executing the duties and responsibilities of the District;
- Develops master plans for major equipment purchases, infrastructure and treatment plant improvements, expansion and rehabilitation;

Provides technical engineering assistance and direction for evaluation, expansion, rehabilitation and repair of the sanitary sewer infrastructure and wastewater treatment plant.

- Directs the construction, rehabilitation and repair of sanitary sewer infrastructure, pump stations and wastewater treatment facilities;
- Responsible for compliance with local, state and federal laws, regulations, permits and ordinances pertaining to wastewater collection, treatment and disposal;

Prepares the annual budget for the District and approves expenditures of funds;

Reviews and assesses sewer rate charges to industrial, commercial, and residential properties; Directs and manages the annual sewer benefit assessment roll for Sanitary Sewer District revenue; Responsible for the management of the District's safety programs;

Administers provisions set forth by labor contracts with Town bargaining units;

Negotiates contracts with engineers, architects, contractors, etc. for evaluation, expansion, rehabilitation and repair of the sanitary sewer collections system, pumping stations, and

wastewater treatment plant;

- Interacts with Town, County, State and Federal officials and agencies to maintain cooperative relationships;
- Meets with design professionals and developers regarding project sanitary sewer issues; Directs and executes the review of commercial and residential subdivision proposals requiring extension of the Town public sanitary sewer system and parcels requiring connection to the Town public sanitary sewer system;
- Directs and manages the review of commercial and residential major and minor planning reviews as they relate to sanitary sewer infrastructure;

Evaluates requests from commercial and industrial facilities concerning wastewater discharge to the Town sewer system and assesses their impact on collection system infrastructure and

wastewater treatment facilities;

Directs, evaluates, and manages the oil/water separator program;

Directs the management of the wastewater collection system asset inventory and preventative maintenance programs as they relate to the Town's Geographic Information System (GIS);

Directs the investigation of complaints and damage claims concerning the Town's sanitary sewer system and makes recommendation for denial or acceptance of the claim to the Town Attorney; Maintains good customer relations;

Recommends Division organizational changes to the Commissioner of Public Works and Town Board.

<u>FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIEIS AND PERSONAL CHARACTERISTICS</u>: Thorough knowledge of the principles of design and operation of wastewater collection, treatment and disposal systems; thorough knowledge of wastewater treatment plant physical, biological, and chemical processes; thorough knowledge of modern management principles and practices, including cost-benefit analysis; thorough knowledge of the methods, tools, equipment and terminology used in wastewater collection, treatment and disposal systems; thorough knowledge of department budget preparation and administration; ability to read construction drawings and contracts; ability to plan and supervise the work of others; strong oral and written communication skills; ability to prepare detailed written reports and make oral presentations; ability to analyze sewer use charges and make projections.

<u>MINIMUM QUALIFICATIONS</u>: Possession of a Bachelor's of Science Degree in Engineering; AND a minimum of six (6) years of engineering experience in wastewater collection, treatment and disposal, or in water treatment/distribution, at least two (2) years of which must have been in a responsible supervisory or administrative capacity. Must be a registered Professional Engineer in New York State and must maintain registration during the course of employment.

Note: The degree must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If the degree was awarded by an institution outside the United States and its territories, the candidate must provide independent verification of equivalency. A list of acceptable companies who provide this service can be found on the Internet at http://www.cs.ny.gov/jobseeker/degrees.cfm. The candidate must provide must provide independent verification of equivalency. A list of acceptable companies who provide this service can be found on the Internet at http://www.cs.ny.gov/jobseeker/degrees.cfm. The candidate must provide the service can be found on the Internet at

Town of Colonie Personnel Officer Amended 6/15/00 Amended 3/9/22 Amended 1/20/23 Amended 1/24/23 Amended 7/17/24

TOWN OF COLONIE

CIVIL SERVICE DEPARTMENT APPLICATION FOR EXAMINATION OR EMPLOYMENT COLONIE MEMORIAL TOWN HALL, 534 Loudon Road Latham, New York 12110



Position Title	Examination Number (If applicable)	
Type of Position:	Full Time Part Time Seasonal	

This application is part of your examination. Check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. Attach additional sheets if necessary in order to give complete and detailed information. *All statements are subject to verification.*

Are you applying with other civil service agencies for examinations that are being held **on the same date**?

____Yes____No If yes, please attach a crossfilier application and list all examinations. (see forms on <u>www.colonie.org/civilservice</u> website)

1. Name, Mailing Address and Phone (Please Print)

Last Name	Firs	t Name	M.I.	
Street Addres	SS			
Mailing Addro	ess			
City	State	Zip Code		
Home Phone	·		_Other: y (work, cell, etc	·

2. SOCIAL SECURITY NUMBER:

3. Are you now, or have you ever been enrolled in a public

retirement sys	tem?
Voc	No

4. Are you under 18? Yes No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

_Mo. _____Day _____Year

5. If a motor vehicle license is required for the position for which you are applying, the Town must review your driving record. I understand that by signing this application I am giving the Town of Colonie permission to obtain my NYS DMV records, including my personal information and driving record, from time to time to evaluate my application and for other permissible purposes.

Driver's License #	Issuing State:	Class
Date of Expiration		
6 SPECIAL ARRANGEMENTS	(Ontional-See Instru	ction D on na4)

- _____Military Member _____Person with Disability
- ___Religious Observer

7. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

____Yes ____No (Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment)

 State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	Name	Years	Months
City or Village of	/		/
Town of	/	/	
County of	/	/	
State of	/	/	

CIVIL SERVICE USE ONLY			
APPLICATION NO Date Rec'd			
Fee Waiver (note log)			
ApprovedConditional Disapproved			
PST/Date By:			

- Check appropriate box to the right of each question:
 A. Were you ever dismissed or discharged from any employment for reasons other than lack of work
 - or funds? _____Yes ____No B. Did you ever resign from any employment rather
 - than face dismissal? ___Yes __No
 - C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than Honorable circumstances? ____Yes ___No
 - D. Have you ever been convicted of any crime (felony or misdemeanor? ____Yes ___No

E. Are you now under charges for any crime? __Yes __No If you answered "Yes" to any of the Questions 9A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

10. VETERANS CREDITS (See Instruction E, page 4) If for this examination, you wish to claim additional credit as an honorably discharged veteran, or apply for veteran's credits and be conditionally granted such credit, check the appropriate box below and answer questions A-D. You must submit a Veterans Credit Application (ask for one in our office or download off our webpage

along with copy of DD214) ____Non-disabled War Veteran ____Disabled War Veteran

- ____Active Duty Currently in Armed Forces, describe situation on back page.
- DO NOT COMPLETE THIS SECTION UNLESS YOU:
 - 1. Wish to claim War Time Veterans Credits, AND
 - Have NOT used veterans credits for appointment to a position in NY State or local government employment since January 1, 1951.

EXTRA CREDITS FOR WAR TIME VETERANS

YOUR ANSWERS MUST BE 'YES' TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

- A. I received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty basis other than active duty for training purposes.) Yes_No_
- B. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:

Aug. 2, 1990 to the date when hostilities end: Feb. 28, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec 7, 1941 to Dec. 31, 1946; *Or earned the Armed Forces, Navy or Marine Corps expeditionary medal for service in:* (Panama) Dec. 20, 1989 to Jan.31, 1990; (Lebanon)June 1, 1983 to Dec.1, 1987; (Grenada)Oct.23, 1983 to Nov.21, 1983; *Or in the U.S. Public Health Service;* June 26,1950 to July 3,1952; July 29,1945 to Sept.2,1945 Yes___No___ C. I am a United States citizen or an alien lawfully admitted for permanent residence. Yes___No___

D. I am a New York State resident Yes___No___

11.	Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list
	of the required courses and the number of credit hours you completed.

Have you graduated from high school? _	Yes	No	Name & location of high school

If not, what grade did you complete?____

If you have a high school equivalency diploma, indicate issuing Government Authority:

College/University/Professional or Technical School(s)						
Name of School and City in which located	Dates of Attendance (Month/Year) From To	Type of course or major	Number of college credits received	Did you graduate	Type of degree received	Date degree received or expected

_Number and/or date of issue:

Do you have a license, certificate, or other authorization to practice trade or profession? ____Yes ____No

Name of trade or profession	Granted by (licensing agency	City or State of

Date license first issued:	Licensed: From	То
Date EMT license first issued:	Paramedic License first issue	əd

12. **Description of Experience**: Beginning with the **most recent**, describe below in detail all employment. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions and vagueness will NOT be interpreted in your favor. Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any supervised by you and the extent of such supervision.

FIRM NAME:	YOUR EXACT TITLE:	LENGTH OF EMPLOYMENT: From: Mo: Yr: To: Mo: Yr:	CIRCLE ONE: FT / PT / Volunteer Number of hours worked weekly:
FIRM ADDRESS:	TYPE OF BUSINESS:	SUPERVISOR'S NAME	SUPERVISOR'S TITLE:
DUTIES:			

FIRM NAME:	YOUR EXACT TITLE:	LENGTH OF EMPLOYMENT: From: Mo: Yr: To: Mo: Yr:	CIRCLE ONE: FT / PT / Volunteer Number of hours worked weekly:
FIRM ADDRESS:	TYPE OF BUSINESS:	SUPERVISOR'S NAME	SUPERVISOR'S TITLE:
DUTIES:			

FIRM NAME:	Your Exact Title	Length of Employment: From: Mo: Yr: To: Mo: Yr:	Circle One: FT / PT / Volunteer Number of hours worked weekly:
FIRM ADDRESS:	TYPE OF BUSINESS:	SUPERVISOR'S NAME	SUPERVISOR'S TITLE:
DUTIES:			

A resume is not a substitute. If more space is needed or you need to provide additional information, please use this space.

13. Whether or not you are claiming veterans credits for examination, use this space to des	cribe military service.		
Dates of Service: Branch of Service:			
Rank at Discharge:			
Duties, Schools or Special Training:			
14. Are you eligible to claim an exempt volunteer fire fighter status as defined by NYS Gene	eral Municipal Law Article 10:	Yes	No
If so, please list location where you volunteer:	_ Dates of service		
Name of the volunteer company that issued your certificate:			

THIS AFFIRMATION MUST BE COMPLETED

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

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Signature of Applicant

Date

Please print any other last name by which you are or have been known.____

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announcement requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the examination is held. At that time those candidates not meeting the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score. Call or write this office immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this office immediately of any change of address. When writing, give the year, number, and title of examination. Use "change of address notification form" on our webpage.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a religious observer or a person with a disability, or military member (require special arrangements in order to participate in the examination), you must EITHER

- 1. Check the appropriate box in #6 and indicate the special arrangement you require in the REMARKS section below; OR
- 2. Write to this office no later than the last date of filing for this examination. Your request must include the examination date, number and title, and the type of special arrangements required.

E. VETERANS CREDIT

If you are making a claim for veteran's credits with this application, be sure you read the following information very carefully: Complete a Veteran's Credit Application (obtained in our office OR on our webpage under "forms") along with discharge documents. Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check appropriate category in #10 and answer questions #10A-D. Failure to do so accurately and completely may result in a denial of your claim. If you are claiming credits as a **disabled war veteran** you must, **in addition** to meeting the requirements as indicated by "yes' answer to questions #10A-D be certified by the U.S. Dept of Veteran's Affairs for a service-connected disability rated at ten(10) percent or more incurred during a "time of war" as indicated in #10B.

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents as necessary prior to the establishment of the eligible list. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credits as a result of such material misstatement or fraud.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Town of Colonie to provide accommodation in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, military status, domestic violence victim status or predisposing genetic characteristics.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to §50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(1) of the Personal Privacy Protection Law, particularly subdivision (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Town of Colonie.

REMARKS: