

CITY OF PICKERINGTON

POSITION DESCRIPTION:	Chief Building Official/Building Regulations Director
CIVIL SERVICE STATUS:	Unclassified
CLASS #	7402
FLSA	Exempt

Under the general supervision of the City Manager, performs technical inspection work under guidance of the City of Pickerington Codified Ordinances, Ohio building Officials Association, National Electric Code, Ohio Plumbing Code, National Fire Code and other applicable state regulations. Supervises and/or performs field inspections, plans examination, code enforcement, and building department records management. Work includes inspecting public and private projects and property to ensure that health and safety regulations are met.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Is responsible for the review of submitted drawings, plans, and specifications. Approves or disapproves as appropriate.
- Discusses technical problems, ordinances, and codes with contractors, architects, engineers and others; provides interpretations of codes independently or after consultation with staff and/or contractors.
- Attends meetings and functions relating to building aspects of code endorsement.
- Conducts and/or supervises construction inspections related to administration of Pickerington Codified Ordinances and Ohio Revised Code regulations.
- Provides technical assistance on construction inspections; discusses field inspection problems and procedures; answers technical questions regarding code enforcement; assists in inspection training program as assigned.
- Studies codes and technical manuals; recommends changes in local codes or ordinances and office procedures to match requirements.
- Required to make independent judgments concerning acceptance of alternative building products and construction methods and management and supervision concerns.
- Maintains records and prepares written and oral reports of: permits issued; construction work completed; inspections conducted; community census statistics; code violations; and others as needed.
- Assists in conducting field inspections related to the administration and enforcement of city ordinances.
- Receives and responds to complaints from the public both verbally and in writing; answers questions from the public, realtors, contractors, architects and builders.
- Ensures work safety practices are followed by department personnel and contractors.
- Maintains a working relationship with outside agencies such as Township Fire personnel, various professional organizations, and other city departments.
- Participates in supervisory and management activities on behalf of building staff.
- Provides supervision for all activities conducted at other offices as required. Oversees financial, operational and personnel functions.
- Performs other duties as assigned.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

- Graduation from high school
- Ten (10) years of experience as a construction contractor or OBBC Building Inspector with a Certified Building Department
- Possession of Class I Building Official certification or any equivalent combination of training and experience that provides the following knowledge, abilities and skills.
- Thorough knowledge of the principles and practices of the building construction industry.
- Thorough knowledge of the methods, materials and techniques used in building construction.
- Thorough knowledge of electrical systems, HVAC systems, and plumbing systems.
- Thorough knowledge of the various codes to be enforced.
- Ability to read and interpret, plans, specifications and blueprints and compare them with construction in progress.
- Ability to detect hazards or violations and recommend corrective measures.
- Ability to administer regulations with firmness, tact and impartiality.
- Knowledge of principles and practices of effective supervision.
- Knowledge of safety practices and procedures.
- Ability to supervise the work of others.

RESPONSIBILITY OF PUBLIC CONTACT

Daily contact requiring courtesy, discretion, and sound judgment.

LICENSING AND REGULATION

Class I Building Official Certification.

Valid Ohio Drivers License free of excessive violations, required.

TOOLS AND EQUIPMENT USED

Telephone, personal computer including Microsoft Office software, copy machine, fax machine, calculator, typewriter, and postage meter.

PHYSICAL DEMANDS

While performing the duties of this job, the employee is frequently required to: sit, stand, walk, squat, lift from the ground to the waist as well as overhead, talk and hear. The employee is often required to: crawl on the ground, traverse uneven ground and climb and descend ladders and stairs. The employee must use hands and fingers to feel, handle or operate objects, tools, or controls and to reach in all directions with hands and arms.

The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision and the ability to discern colors.

WORK ENVIRONMENT

Work is performed both indoors and outdoors in a variety of settings.



Human Resources • 100 Lockville Road • Pickerington, OH 43147 • PH: 614-837-3974 • FAX: 614-833-2210

EMPLOYMENT APPLICATION

Personal Information

Position Applying for		Application Date	
Name		Primary Phone ()	
Alternate Phone ()		Address	
City/State/Zip		Email Address	
Are you a City of Pickerington Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		Upon an employment offer, are you able to provide proof of eligibility to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a valid driver license? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list State and Driver License Number:			
Have you worked for City of Pickerington before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following:			
Position Held:		Dates Employed:	
Department:		Supervisor's Name:	
Reason for Leaving:			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide date, place and charge:			

Education

	Name / Location	Attendance Dates	Course or Major	Date Degree Received / Expected
High School				
College or Business School				
Graduate or Professional School				

Employment History

Most Recent Employer		Dates of Employment	
Address & Phone		Name of Supervisor	
Title		Reason for Leaving	
Description of Duties			

Employment History

Name of Employer		Dates of Employment	
Address & Phone		Name of Supervisor	
Title		Reason for Leaving	
Description of Duties			

Employment History

Name of Employer		Dates of Employment	
Address & Phone		Name of Supervisor	
Title		Reason for Leaving	
Description of Duties			

Professional References

Name	Title	Phone

Certifications / Training / Skills

Certifications with expiration dates
Special Training
Skills

Certification and Statement of Understanding

<p>I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the City of Pickerington may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.</p>	
Signature	Date

Acknowledgement and Release

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Pickerington with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examination, or drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Pickerington, are a prerequisite to my appointment to a position with the City of Pickerington.

In addition, I also hereby understand that the City of Pickerington cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviews and considered by the City of Pickerington I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Pickerington and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results there from.

Signature	Date
Parent/Guardian Signature (if applicant is under 18 years of age)	Date

Pre-Employment Drug Testing Consent

I understand that, as a candidate for employment with the City of Pickerington, I must, in order to be appointed to a position with the City of Pickerington, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Pickerington to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Pickerington and its representative. I further release the City of Pickerington, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate:	Date:
Parent/Guardian Signature (if applicant is under 18 years of age):	Date:

Refusal to Submit to Drug Testing

I refuse to consent to a urinalysis.

Signature of Candidate:	Date:
Parent/Guardian Signature (if applicant is under 18 years of age):	Date:

DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT

I acknowledge that the City of Pickerington has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities.

I understand that should I be appointed to a position with the City of Pickerington, the City may request my participation in a drug and/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested.

I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of Pickerington, based upon the terms and conditions specified above, during the term of my employment with the City of Pickerington. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Pickerington and its representatives. I further release the City of Pickerington, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Signature of Candidate:

Date:

**Parent/Guardian Signature
(if applicant is under 18 years of age):**

Date:



PICKERINGTON

ESTABLISHED 1815

EEO Equal Employment Opportunity Personal Information Sheet

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability.

In order to help us to comply with Federal/State equal employment opportunity recordkeeping and reporting requirements, we request that you answer the following questions. Completion of this form is voluntary on your part and failure to complete it will not preclude you from employment consideration. This attachment will be kept in a confidential file separate from your application for employment.

Name

Address

City, State, Zip Code

Position Applied For

Date Applied

GENDER (Check one)

Female Male

RACE OR ETHNIC IDENTIFICATION (Check one)

- American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America.
- Asian or Pacific Islander** - All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands.
- Black (Not of Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.
- White (Not of Hispanic origin)** – All persons having origins in any of the Original peoples of Europe, North Africa, or The Middle East.

Signature

Date