

## ROAD MAINTENANCE MANAGER

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#### APPLICATION INSTRUCTIONS

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Please read all instructions

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Welcome to Marion County Board of County Commissioners, thank you for your interest in joining our team.

Applications are accepted for announced positions only. Unsolicited applications that do not specify the position will not be accepted.

Applications must be completed to be considered. Failure to complete the entire application, any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of this application or dismissal from county employment.

Resumes may be attached to the application; however you must complete all information requested on the application. Responses such as "see attached" or "please see resume" may be cause for rejection of application. If an item does not apply to you, but the application requires an input, write "N/A" or select "not applicable" in the case of a dropdown list.

Applicants must meet the minimum qualifications of the position to be considered for submittal to the department.

Receipt of an application does not imply that the applicant will be interviewed or employed. Please log in regularly to our application system at <https://selfservice.marionfl.org> to check the status of your application.

All job offers are contingent upon a satisfactory completion of a post job offer, physical examination, employment reference check, criminal background check, a driver's license check and subject to drug and/or alcohol testing. Job offers may be withdrawn due to the applicant's failure to successfully complete any of the post offer requirements.

Some of our positions require assessments and or skills tests. These assessments may be given during the time a job is open or after it closes.

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#### BASIC INFORMATION

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##### Personal Information

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**First Name**CURTIS

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**Middle Name**E

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**Last Name**RAINES

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**Address Line 1**11318 NE 33RD ST

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**Address Line 2**

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**City**OCALA

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**State**FLORIDA

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**Zip Code**34479

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**Primary Phone**352-572-8829

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**Additional Phone**352-342-4322

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**Telephone Type**CELL PHONE

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**Driver's License**Yes

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**License Class**CLASS E

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**Do you have a CDL?**No

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**Has your driver's license ever been suspended or revoked?**Yes

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**If yes, please explain below:**2013 DUI

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**Desired Salary, do not include dollar sign or comma.**60000

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**Email Address**6987hurricanes@gmail.com

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**How did you hear about this opportunity? Please select one.**

**COUNTY WEBSITE**Yes

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**CURRENT EMPLOYEE**Yes

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**EMPLOY FLORIDA**No

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**FACEBOOK**No

**INDEED**No

**LINKEDIN**No

**OTHER**

**VETERANS PREFERENCE**

**Veterans are encouraged to apply. Preference in appointment will be given to eligible veterans and their spouses. Applicants claiming Veterans Preference must do so by submitting the appropriate documentation.**

**If you are claiming Veterans' Preference, you must attach a copy of your DD214 to be granted this consideration!**

**Applications/Resumes and DD214's must be received by the closing date of the position for which you are applying. The burden is on the applicant to provide all pertinent information. The County will give your application every special consideration required by law (Florida Administrative Code, Chapter 55A-7). You have the right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veteran's Affairs, 11351 Ulmerton Road, Room 311 K, Largo, Florida 33778, telephone (727)-518-3202, ext 548.**

**Are you claiming Veterans' Preference?**No

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**WORK ELIGIBILITY**

**Please check if you are eligible to work in the United States.**Yes

**Will you now or in the future require sponsorship for non-immigrant status (ex. H1-B status or legal permanent resident)?**No

**RELATIVES CURRENTLY WORKING FOR MARION COUNTY**

**Do you have any relatives currently working for Marion County BCC? If so, please complete the below information.**

**Relative First Name**

**Relative Last Name**

**Relationship**

**Department**

**Relative First Name #2**

**Relative Last Name #2**

**Relationship #2**

**Department #2**

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**EDUCATION**

**Do you have a high school diploma/GED or equivalent?Yes**

**Educational Institute or Organization received from?Forest High School**

**City and StateOcala, FL**

**HIGHER EDUCATION**

**Please select higher education from the drop down list.**

**Educational Diploma/Degree**

**Please select higher education from the drop down list.**

**College/Vocational Name**

**Major/Field of Study**

**PREVIOUS/CURRENT BCC EMPLOYMENT**

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**Previous or Current MCBOCC Employment**

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**Are you a current employee of MCBOCC?No**

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**Have you ever worked for MCBOCC?Yes**

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**If so when?From 2/1/1988 until 6/17/2022**

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**WORK HISTORY**

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**Work History**

**List all previous employers for the past ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent and work back. Leave no gaps and be specific in your answers.**

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**Company NameMarion County Board of County Commissioners**

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**CityOcala**

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**StateFLORIDA**

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**Company Telephone352-671-8686**

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**Supervisor NameJared Peltz**

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**Start Date02/01/1988**

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**End Date - Leave blank if currently employed06/17/2022**

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**Job TitleRMM**

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**Ending Salary56000**

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**Hours worked per week40**

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**Job responsibilities** Responsibilities included managing a substation of crew supervisors and 20+ employees, purchasing of supplies needed for daily operations also interact with internal and external customers on a daily basis. Responsible for scheduling, directing, delegating and reviewing of assigned tasks in alignment with resource management also completing employee's payroll, employee discipline. Maintain positive customer relations by addressing problems, issues and concerns head on to achieve a successful corrective action.

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**Reason for leaving** Retired 6/17/2022

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**Can we contact this employer without first notifying you?** Yes

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## TERMINATION QUESTION

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**Have you ever been terminated or asked to resign from a job?** No

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**If yes, please explain:**

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## QUALIFICATIONS

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**Please explain what knowledge, skills and abilities you have related to this position. If applying for an administrative, management, or technical position, outline all programs you have designed or implemented. Note any details which should be considered in reviewing your qualifications and list the number of years of experience and level of proficiency.**

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**Knowledge, skills and abilities** In the 34+ years of working for the road's maintenance section, As I transitioned into supervision, I developed managerial, administrative and clerical skills in order to become the manager that I became. I am a great problem solver assessing and resolving most issues. Able to maintain positive communication with supervision, staff and citizens. Critical thinker by using relevant information to determine the necessary repair work needed for the specific location. Teamwork, includes the ability to effectively and efficiently divide tasks with colleagues in a way that improves both the process and the end result. I also have the ability to operate several types of heavy equipment such as frontend loaders, graders, excavators, rollers and dump trucks etc. Various small hand tools chainsaws, cut saws, pole saws and compactors, etc.

**Understand and adhere to all safety regulations for the employee and the work that they do. It is a very important trait in the maintenance profession to be aware of all safety policies and procedures. Attention to details may require visualizing and identifying patterns to determine whether any element is not within the required standards.**

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**List all pertinent certifications and licenses** FEMA NIMS 100

FEMA NIMS 200

FEMA NIMS 300

FEMA NIMS 700

FEMA NIMS 800

**OSHA MAZ MATTECH LEVEL REFRESH  
MOT  
EMERGENCY RESPONSE  
CALL BEFORE YOU DIG**

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**ATTACHMENT SAMPLE**

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**If you wish to attach a resume, please do so here.**[Curtis\\_Raines\\_Resume.pdf](#)

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**If you wish to attach a cover letter, please do so here.**

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**If you wish to attach a list of references, please do so here.**

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**If you are claiming Veteran's Preference, please attach your DD214 here.**

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**If you wish to, attach any pertinent certifications and licenses here.**

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**OBTAIN INFORMATION**

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**Authorization for Marion County Board of County Commissioners to obtain information from former employers:**

**I authorize Marion County to contact my prior employers, in accordance with my wishes to be notified first and authorize such prior employers, to answer any and all questions regarding my prior employment and my ability to perform the essential functions of the position for which I am applying. I hereby agree to indemnify Marion County and each of my prior employers and hold them harmless from any claims from such authorization. In addition, I authorize the release of any and all information that is requested by Marion County regarding my school or educational records and military record. I understand further that any misstatements or material omissions in my application may result in a decision not to hire or discharge if discovered at a time after hire.**

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**I have read the foregoing and know the contents thereof and agree to the same. By checking yes, I acknowledge my acceptance.**Yes

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**CLAIM VET PREF**

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**Effective April 18, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War, beginning April 2, 1990, and ending on such date as may be prescribed by presidential proclamation or by law.**

**The County will give your application every special consideration required by law (Florida Administrative Code, Chapter 55A-7). If you believe you were not afforded employment preference in accordance with**

**the law, you have a right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veteran's Affairs, P.O. Box 31003, St. Petersburg, Florida 33731, telephone 1-727-319-7400.**

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**Check yes to acknowledgeNo**

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## **APPLICATION CERT**

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**I hereby certify that each answer to a question herein and all other information otherwise furnished is true and correct. I understand that any incorrect, incomplete, or false statements or information furnished by me on this application or any other County documents may subject me to discharge from employment at any time. I hereby give my permission to contact past employers and personal references. I understand that if employed, I will be in a probationary period for one year. I further understand that completion of the probationary period does not confer any expectation of continuation for any definite period, and that my employment may be terminated or I may terminate my employment at any time for any reason or no reason. No one but the County Administrator has the authority to modify any employment relationship I may have with the County and any such modification must be in writing.**

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**I have read the foregoing and know the contents thereof and agree to the same. By checking yes, I acknowledge my acceptance.Yes**

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