



CLAIMS & SAFETY TECHNICIAN (Job #2982)

SALARY RANGE: \$22.92 - \$29.04 Per Hour

CLOSING DATE: Must be received by 4:30 p.m., March 7, 2005

NATURE OF WORK

This is technical support work in the areas of claims investigation, workers compensation, and safety specifically for the Pierce County Risk Management and Insurance Department. An employee in this classification is responsible for the investigation of liability claims filed against the County and damages to Pierce County property; the investigation and handling of workers compensation claims; on-site inspections of workplace and equipment; and the preparation of written reports. An employee in this position will work with independence and will be allowed certain latitude in the performance of job duties, with results being monitored by an administrative superior for accuracy, thoroughness, and compliance with established County procedures.

ESSENTIAL FUNCTIONS

Investigates and monitors liability claims, which may involve dealing with irate claimants; interviewing employees; inspecting loss sites and properties damaged; and evaluating damages. Prepares detailed claims investigation reports, outlining the allegations, the facts of the investigation, the investigator's analysis of the facts, and his/her recommendation for settlement or denial of the claim. Assists staff in compiling data pertinent to the applications for the various insurance policies purchased by the County. Assists staff in updating and maintaining the department's schedule of County-owned properties. Assists staff in the compiling statistical information pertinent to annual budget process. Serves as an advisory capacity as a non-voting member of the County's Accident Review Committee. Investigates and monitors workers compensation claims, applying a working knowledge of current laws pertaining to same. Conducts on-site inspections of work sites for compliance with required procedures in such areas as, but not limited to, confined space entry, flagging, wearing of appropriate protective equipment. Prepares correspondence to department directors to document findings of inspections, i.e., notification of non-compliance with safety regulations, recommendations for change, etc., as appropriate. Assists Safety Officer in the creation and maintenance of policies and procedures to ensure the County's continued compliance with State and federal laws. Assists the Safety Officer in conducting training classes.

RECRUITING REQUIREMENTS

Graduation from a four year college or university with a degree in business or public administration with major course work in Risk Management/Safety or related field. Additional education or related experience which would clearly indicate the ability to perform the duties of the position may be substituted for the recruiting requirements. Possession of, or the ability to obtain, a valid Washington State Driver's license.

SUPPLEMENTAL QUESTIONNAIRE

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Instructions: This questionnaire is part of the examination process and is mandatory. On a separate sheet(s) of paper or separate document, describe in detail your past work experience and education in the following areas. List your employer and dates of employment separately for each question.

1. Describe your education and experience in liability claims investigation, health and safety and/or technical training. Please list any licenses, certificates or degrees.
2. Describe your health and safety work experience in each of the following areas:
 - a. Confined Space
 - b. Vehicle and worker accident investigation
 - c. Chemical agents, hazardous waste, hazardous chemicals, asbestos
 - d. Respiratory protection
 - e. Indoor air quality
 - f. Hearing conservation
 - g. Electrical safety
 - h. Wastewater treatment
 - i. Ergonomics
3. What experience do you have coordinating projects among a variety of groups, such as: employees, supervisors, managers, contractors, regulatory agencies, physicians, testing laboratories, and others?
4. Describe your background in making presentations to employees, including management.
5. Describe your experience dealing with state regulatory agencies.
6. Submit a writing sample showing your recommendation to abate a safety hazard or similar subject.

APPLICATION AND SELECTION PROCESS

To be considered for this classification, applicants must complete and submit a signed Pierce County employment application form and a written response to the supplemental questions listed above by the closing date to the Pierce County Human Resources Department, 615 South 9th Street, Suite 200, Tacoma, WA 98405-4670. A separate application must be submitted for each job number for which you are applying. Photocopies with original signatures are acceptable. A resume in lieu of the application form and supplemental questionnaire is not acceptable. Notify the Human Resources Department immediately of any address or telephone change.

This is a competitive selection process. Your responses on the application form and supplemental questionnaire will be reviewed and evaluated for the quality and quantity of education/experience in the areas listed. Applicants whose qualifications most closely correspond to the County's needs will be eligible for further consideration. Notification of application status normally occurs 4 to 6 weeks after the closing date. Short notice may be given to applicants to participate in further selection processes which may include written, oral and performance examinations, and final interviews.

Pierce County will provide reasonable accommodation for persons with disabilities during the selection process, if requested. Please notify the Human Resources Department at (253) 798-7480 of the accommodation needed, preferably at the time of application, but at least two days prior to the date needed.

Human Resources Department (253) 798-7480 Job Information Line (253) 798-7466 TDD: (253) 798-3965
pchumanresources@co.pierce.wa.us <http://www.piercecountywa.org/jobs>

EQUAL EMPLOYMENT OPPORTUNITY

Pierce County is committed to a policy of equal employment opportunity regardless of race; religion; color; national origin; age; sex; physical, mental or sensory disability; or veteran status. Women, minorities, veterans, and persons with disabilities are encouraged to apply.

BENEFITS

VACATION LEAVE: Upon completion of 13 pay cycles (approximately six months) employees receive six days of vacation leave. Vacation accrues at the rate of 12 days per year initially, up to a maximum of 30 days per year.

SICK LEAVE: Employees receive six days of sick leave upon completion of 13 pay cycles. Sick leave is accrued at the rate of one day per month.

HOLIDAYS: Pierce County employees enjoy twelve paid holidays.

MEDICAL COVERAGE: Excellent choices of medical plans which include vision and prescription drug coverage are available for the employee and dependents.

DENTAL COVERAGE: Our dental program includes orthodontic coverage for employees and dependents.

LIFE INSURANCE: County paid life insurance for all full time/full benefit employees is effective the first day of employment. Additional life insurance is available at the employees expense.

RETIREMENT: Pierce County employees participate in the Washington State Public Employees Retirement System (PERS). Employees and the County contribute jointly to the plan.

SOCIAL SECURITY AND INDUSTRIAL INSURANCE: Employees are covered by Social Security and the State Industrial Insurance Act.

IN ADDITION: Pierce County offers its employees an Employee Assistance Program, access to a credit union, two Deferred Compensation Programs, a Wellness Program, a child care referral service, a variety of on-going training programs, an Employee Suggestion Award Program, Long Term Disability Insurance, commuting assistance including bus and vanpool subsidies, direct payroll deposit, and U.S. Savings Bonds through payroll deduction.

PART-TIME EMPLOYEES receive pro-rated benefits.

NOTE: The provisions of this bulletin do not constitute an expressed or implied contract. Any provisions contained herein may be modified and/or revoked without notice.



Pierce County

Human Resources Department

615 South 9th Street #200
Tacoma, WA 98405-4670
(253)798-7480/Fax (253)798-7489
TDD (253)798-3965

EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. SIGN AND DATE THE APPLICATION.
AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

GENERAL INFORMATION

POSITION FOR WHICH APPLYING:		JOB #:	
Last Name		First Name	
Mailing Address		City	
Home Phone		Work Phone	
Cell Phone		Email Address	
Middle Initial		State	
Zip			

Are you now or have you ever been employed by Pierce County Government?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete the following:
Job Title	Department	Dates Employed		

Do you have any relatives working for Pierce County Government?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete the following:
Name(s)	Relationship(s)	Department(s)		

Washington State labor laws restrict some employment from persons under 18 years of age. Are you at least 18 years old?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no what is your birth date?		/	/

Can you perform the essential functions of this job with or without a reasonable accommodation? (See job announcement for essential functions)

Yes No

If you have been arrested with charges still pending, or convicted, or released from prison within the last 10 years, explain below. Crimes which reasonably relate to this job will not necessarily be considered a bar from employment.

Date	Charge	Sentence	Remarks

VETERANS' PREFERENCE/SCORING CRITERIA

Pierce County gives veterans' scoring criteria in accordance with State Law to veterans honorably released from active military service. Do you claim veterans' preference scoring criteria? Yes No If yes, complete the following items. (Proof of veteran status will be required to award scoring criteria.)

Are you retired from military service and receiving veterans' retirement payments? Yes No

All dates of active duty: From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Have you ever obtained employment through the use of veterans' preference or veterans' scoring criteria? Yes No

If yes, where _____

Have you received the Armed Forces Expeditionary Medal, the Marine Corps and Navy Medal for opposed action on foreign soil, or the Southwest Asia Service Medal? Yes No

EDUCATION

Did you graduate from high school or receive a GED certificate? Yes No

Name of college, university, vocational school	Major	Full Years Completed	Title Degrees Conferred	Credit Hours

Professional Licenses & Certification	Type of License	Issuing State	Number	Expiration Date

PIERCE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT AND ANY RELATED EXPERIENCE BEYOND 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

MOST RECENT EXPERIENCE

Employer									
Address									
Position				Hours worked each week			Starting salary		Last salary
Total years/months		From	____/____/____		To	____/____/____		No. of employees you supervised	
Supervisor					Phone	()	-		
Specific duties									
Reason for leaving or considering change									

OTHER EXPERIENCE

Employer									
Address									
Position				Hours worked each week			Starting salary		Last salary
Total years/months		From	____/____/____		To	____/____/____		No. of employees you supervised	
Supervisor					Phone	()	-		
Specific duties									
Reason for leaving or considering change									

OTHER EXPERIENCE

Employer									
Address									
Position				Hours worked each week			Starting salary		Last salary
Total years/months		From	____/____/____		To	____/____/____		No. of employees you supervised	
Supervisor					Phone	()	-		
Specific duties									
Reason for leaving or considering change									

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Pierce County representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, including controlled substance testing, if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform And Control Act of 1986.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY

Pierce County is committed to a policy of equal employment opportunity regardless of race; religion; color; national origin; age; sex; physical, mental or sensory disability; or veteran status. For this purpose, we would appreciate your providing the information below. This is entirely voluntary and will be maintained **CONFIDENTIALLY** and separate from personnel files. No adverse action will result from failure to furnish requested information. The information gathered herein will not be provided to supervisors, the appointing authority, or other departmental employees. It will be used for monitoring and for Federal reporting purposes only. We appreciate your assistance and cooperation in voluntarily providing this information and in assisting Pierce County in ensuring equal employment opportunities for all applicants.

NAME:

SSN:

(Disclosure of your SSN is voluntary. If you elect to provide it, we will only use it for applicant tracking.)

SEX: Male Female

AGE OVER 40: Yes No

ETHNIC GROUP: If you are of more than one race, please indicate one group only for recordkeeping purposes.

White

Black

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

Please identify name of the enrolled or principal tribe: _____

DISABLED: Yes No **DISABLED VETERAN:** Yes No

VETERAN: Yes No

DEFINITIONS

Ethnic group categories and definitions are as defined by and reported to the Federal Equal Employment Opportunity Commission.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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 or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Disabled: People with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran: All persons entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

REFERRAL SOURCE

Check all that apply:

- Newspaper: Name _____
- Pierce County Job Information Line
- Internet
- Job Fair: Name _____ Location _____
- Word-of-Mouth
- Announcement in Pierce County Human Resources Office
- Public Access Television
- County Employee
- Other: Identify _____