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Assistant City Engineer

Class Code:
230-20 (CC-2)

Bargaining Unit: Non-Union Exempt

CITY OF APPLETON

Revision Date: ~~May 20, 2014~~ February 2024

SALARY RANGE

\$35.94 - \$53.92 Hourly
\$74,755.20 - \$112,153.60 Annually

NATURE OF WORK:

This is a professional and supervisory position responsible for the ~~day to day~~ day-to-day management of the Engineering Division of the Department of Public Works. The work involves supervising subordinate staff, ~~preparing~~ preparing, and planning specifications for engineering projects, assigning projects to other engineering staff, and performing long range project planning. The position reports to the City Engineer.

JOB FUNCTIONS:

ESSENTIAL JOB FUNCTIONS

- Plans, organizes, assigns and supervises the work of the employees in the Engineering Division.
- Prepares plans and specifications for Engineering projects and assigns to Engineering staff.
- Performs long range project planning and assists the City Engineer in developing project and program priorities.
- Oversees 5-year plan development.
- Coordinates work with developers, utilities, bidders and consultants.
- Coordinates and provides the necessary support resources including personnel and materials for Public Works projects.
- Attends and gives presentations at public meetings regarding public works projects.

- Responsible for coordination with other division heads in the department and for development of joint projects.
- Responds to resolutions and requests from the aldermen.
- Assists in the preparation of capital and Engineering budgets.
- Conducts monthly Construction Coordinating Committee Meetings.
- Maintains regular punctual and predictable attendance, works overtime and extra hours as required.

OTHER JOB FUNCTIONS

- Administers contracts including direction of support resources.
- Responsible for contractor payments and project accounting.
- Responsible for maintaining and coordinating Public Works Infrastructure records.
- Coordinates appropriate training of subordinate staff.
- Evaluates and maintains inventory of equipment needed by staff.

REQUIREMENTS OF WORK:

Wisconsin Professional Engineering Registration required. Bachelor's degree in Civil Engineering or related field, six to seven ~~years experience~~ years' experience in engineering, with three to five years management experience, or equivalent combination of experience and training which provides the following knowledge, abilities and skills:

- Knowledge of the principles and practices of civil engineering as applied to public work projects.
- Knowledge of construction materials and standards of safety as related to structural designs and specifications.
- Ability to plan, organize and direct the work of subordinate staff.
- Ability to plan various projects and prepare related designs, estimates and specifications.
- Ability to teach, supervise and review the work of staff.
- Ability to communicate effectively, both orally or in writing, with personnel at various levels within and outside the organization.
- Ability to develop and maintain a budget.
- Ability to deal with the public in a courteous and tactful manner.
- Ability to use civil engineering software and equipment.
- Ability to sustain prolonged visual concentration.
- Ability to recognize characteristics, similarities and differences of colors, textures and shapes associated with job related tasks, objects and materials.

SUPPLEMENTAL INFORMATION:

COMPETENCIES

Communication
Staff Development (mentoring)
Motivate

Problem Solving
Adaptability/Flexibility

To learn more about these competencies click [here](#)

JOB TASK ANALYSIS:

JOB ANALYSIS REQUIREMENTS

JOB TITLE: Assistant City Engineer

REVISED DATE: April 2012

REVIEW DATE: April 2012

N = Never

O = Occasionally: up to 25% time on job

F = Frequently: 25 to 75% time on job

C = Constantly: More than 75% time on job

A. PHYSICAL DEMANDS

- | | N | O | F | C |
|---|-------------------------------------|---|--|-------------------------------------|
| 1. Standing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Lifting: Light - max. 10 lbs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lifting: Moderate - max. 25 lbs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lifting: Heavy to moderate - max 45 lbs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lifting: Heavy - max. 65 lbs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Carrying est. wt. 10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pushing est. wt. 10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pulling est. wt. 10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pulling hand over hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Climbing stairs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Climbing: use of legs and arms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Balancing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Stooping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Kneeling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Repeated bending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Crawling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Reaching: <input type="checkbox"/> high <input type="checkbox"/> low <input checked="" type="checkbox"/> level | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Repetitive finger movement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. May use hands for grasping | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. May use hands for manipulation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. May use hands for twisting of wrist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. May use hands for flex/ext. of wrist | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. May use hands for reaching | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. May use hands for overhead work | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Repetitive twisting or pressure involving wrists or hands | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Both hands required | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Both legs required | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Ability of rapid mental muscular coordination simultaneously | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Oral communication: speaks clearly in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Hearing-conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33. Intense visual concentration | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 34. Specific visual requirements | | Near: <input checked="" type="checkbox"/> | Far: <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Depth perception | | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 36. Color vision: Distinguish basic shades | | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 37. Color vision: Distinguish basic colors | | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 38. Operation of crane, truck or motor vehicle | | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 39. Other: | | | | |

B. WORKING CONDITIONS

- | | N | O | F | C |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Outside | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Alternating between Outside and Inside | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Heat between 90 - 100 degrees | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat over 100 degrees | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cold below 55 degrees | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Temperature changes: <input type="checkbox"/> excessive <input type="checkbox"/> frequent | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Wetness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Dry atmospheric conditions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Confined spaces | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Heights (list max in um: _____) | N | O | F | C |
| 10. Constant noise above 85 decibels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Intermittent noise above 85 decibels | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Vibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Fumes: <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Dust: More than nuisance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Gases: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Chemicals: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Grease and oils: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Working with machinery with moving parts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Working with moving vehicles | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Working with ladders/scaffolding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Working below ground | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Working with hands in water | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Working alone | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Work intensity: <input type="checkbox"/> sedentary <input checked="" type="checkbox"/> light <input type="checkbox"/> light/medium <input type="checkbox"/> medium <input type="checkbox"/> heavy Hours/day: 8+ Days/week: 5 Days overtime/week: 2 | | | | |