

**POLLUTION CONTROL FINANCING AUTHORITY  
OF WARREN COUNTY**

P.O. BOX 587  
500 Mt. PISGAH AVENUE  
OXFORD, NEW JERSEY 07863

James J. Williams  
Director

908-453-2174  
Fax: 908-453-4241

WEIGHMASTER

The Pollution Control Financing Authority of Warren County has (1) one full-time position entitled Weighmaster currently open at the Warren County District Landfill.

This position requires a 40-hour work week with possible overtime and includes Saturday(s). Must have computer experience. A background in financial software is also a plus. The salary ranges depending upon experience.

Please visit our website: [www.pcfawc.com](http://www.pcfawc.com) to obtain a copy of the full job description and employment application. You must be a resident of New Jersey. You may submit your resume and completed employment application by hand delivery, mail, facsimile or email to:

James Williams, Director  
Pollution Control Financing Authority of Warren County  
P.O. Box 587  
500 Mt. Pisgah Ave.  
Oxford, NJ 07863  
Facsimile: (908) 453-4241  
email: [info@pcfawc.com](mailto:info@pcfawc.com)  
[www.pcfawc.com](http://www.pcfawc.com)  
Equal Opportunity Employer

## WEIGHMASTER

### **Job Description:**

The **Weighmaster** shall receive direction from and report to the Administrative Supervisor and/or the Director of Operations. Principal duties and responsibilities of the **Weighmaster** are:

### **Scale Operations**

1. Weighs and maintains accurate records on computer for all incoming and outgoing vehicles. In the event of computer, scale or power failure, manually computes all bills based on tonnages or cubic yards, and maintains a corresponding scale log for all transactions.
2. Ensure that all waste delivered to the landfill facility complies with all PCFA rules, regulations and permits.
3. Ensures accuracy of and proper completion of New Jersey waste origin/destination forms by driver.
4. Is responsible for proper operation of weighing equipment in accordance with State regulations.
5. Secures and maintains a clean scale area, inside and outside, to ensure efficient and safe operation.
6. Answers customer inquiries regarding the use of solid waste and recycling facilities; receives and records complaints from customers.
7. Prevents the unauthorized entrance of the public onto the landfill site.
8. Assists customers in the proper utilization of the Convenience Center Area.
9. Assist with landfill operations staff duties as may be necessary.
10. Follow procedures outlined within the "Fiscal Policies and Procedures Manual".
11. Supports the management personnel as designated by Administrative Supervisor and/or the Director of Operations, including but not limited to: typing documents, maintaining daily schedules, etc.
12. Shares responsibility (in order to cover absences or to provide additional assistance) with Administrative Supervisor and/or Director of Operations for:
  - a. Answering telephones and taking accurate messages

- b. Greeting visitors
  - c. Handling incoming and outgoing mail
  - d. Maintaining files
  - e. Operating office machines, including fax machine, copier, computers, postage meter and recorder
  - f. Schedules maintenance and/or repairs to PCFAWC carpool vehicles as needed.
13. Assist when necessary with preparing invoices for waste deliveries to PCFA facilities using on-line computer system.
  14. Maintains computerized daily financial system reports, cash receipt reports, and ensures "Policies and Procedures Manual" protocols are followed.
  15. Ensures that daily banking transactions are completed.
  16. Assists with the development of monthly tonnage reports.
  17. Balances Haulers Receivables Account and maintains records. Prepares letters for billed customers and convenience center customers who have outstanding invoices, bounced checks and/or insufficient funds.
  18. Supports the Director of Operations, including but not limited to: typing documents, maintaining daily schedules, etc.
  19. Generates reports as directed.
  20. Generates payment vouchers, purchase orders, input weekly bills for payment.
  21. Contacts vendors to obtain pertinent information.
  22. Weekly financial tasks:
    1. Print financial activity reports.
    2. Input charge sales and cash receipts.
    3. Verify account receivable balance.
    4. Validate bank deposits, remote deposits, credit card receipts to computer generated reports.
  23. All other duties as may be reasonably assigned or required for the proper and efficient operation of the Authority.

## Additional Requirements

1. Report for work and leave from work at the designated times.
2. Able to work overtime as designated by the Administrative Supervisor and/or the Director of Operations.
3. Able to be available in the event of emergencies after hours, non-working days and holidays.
4. All other duties as may be reasonably assigned or required for the proper and efficient operation at the landfill solid waste facility.
5. Must be a resident of the State of New Jersey.

**\*\* Abuse or willful misconduct of any equipment, grounds, property or personnel of the PCFA or others while on the grounds of the PCFA will justify immediate termination. Falsification of any reports or inspections will also justify immediate termination.**

### **Qualifications:**

1. Possession of a high school diploma or equivalent.
2. Knowledge in basic computer skills.
3. Good verbal skills.
4. Ability to maintain accurate records.
5. Ability to read, write, speak and understand English sufficiently to perform duties of this position.
6. Good health and freedom from disabling physical and mental defects which might interfere with the proper performance of required duties or which might endanger own or others' health and safety.
7. Possession of a valid driver's license.

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We Are An Equal Opportunity Employer

Answer All Questions. Please Print or Type. Information Given On This Application Is Subject To Verification By Us.

Date of Application \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Are you known to schools/references by another name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, by what name? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Notify in Emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, do you possess an Alien Registration Card? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of any offense, crime, felony, or misdemeanor  
under any criminal code, except for traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain: \_\_\_\_\_

{A Yes answer will not prohibit employment unless the conviction is for a crime that relates adversely to the position for which you are applying}.

Position applied for: \_\_\_\_\_

Other positions for which you are qualified: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Dept. of Civil Service \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend  
\_\_\_\_\_ Relative \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Do any of your friends or relatives work for PCFAWC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked or applied for work with PCFAWC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, when and what department? \_\_\_\_\_

Date available for work: \_\_\_\_\_

|   |   |                                 |                               |                    |                         |                                |
|---|---|---------------------------------|-------------------------------|--------------------|-------------------------|--------------------------------|
| E | Circle Highest Grade Completed<br>In Each School Category   | Grade School<br>1 2 3 4 5 6 7 8 | High School<br>9 10 11 12     | College<br>1 2 3 4 | Grad. School<br>1 2 3 4 | Bus. or Voc. School<br>1 2 3 4 |
|   | D Name  |                                 | D Location                    |                    | D Course or Degree      |                                |
| U | High School: _____  |                                 |                               |                    |                         |                                |
| C | College: _____  |                                 |                               |                    |                         |                                |
| A | Graduate School: _____  |                                 |                               |                    |                         |                                |
| T | Apprentice Business<br>or Vocational School _____   |                                 |                               |                    |                         |                                |
| I | Other Training or<br>Special Skills: _____  |                                 |                               |                    |                         |                                |
| O | List date or Issue and Types of Licenses, Registrations or Certificates<br>Possessed in Connection with Your Employment or Education: _____ |                                 |                               |                    |                         |                                |
| N | Can You Type? _____ Words/Min. _____  |                                 | Can You Take Dictation? _____ |                    | Words/Min. _____        |                                |

List all employment beginning with present or most recent employer.  
 Account for all periods including unemployment & military service. Use additional sheet if necessary.

| Dates              | Name & Address of Employer | 1. Job Title<br>2. Department | Describe Major Duties | Wages             | Reason for Leaving |
|--------------------|----------------------------|-------------------------------|-----------------------|-------------------|--------------------|
| From<br>Month Year |                            |                               |                       | Start             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Final             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Start             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Final             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Start             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Final             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Start             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Final             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Start             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| From<br>Month Year |                            |                               |                       | Final             |                    |
| To<br>Month Year   |                            |                               |                       | \$     per        |                    |
| Branch of Service  | Date Entered               | Date Discharged               | Final Rank            | Type of Discharge | Service No.        |

Service Schools: \_\_\_\_\_

Special Experience: \_\_\_\_\_

List three personal references who are not relatives or former supervisors

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Known \_\_\_\_\_

**Pre-Employment Statement — Read Carefully**

I affirm that the information given by me on this application is accurate and complete. I understand that any falsification will be considered grounds for my dismissal.

I authorize PCFAWC to investigate my record, including any information contained in this application for employment, except where my written statement specifically requests that no reference be made. I agree not to hold any persons or organizations liable with respect to any information that they may give.

I authorize the examining physician to give a complete report concerning my pre-employment examination.

I agree to wear, or use, protective clothing or devices as required by the PCFAWC and to comply with all rules and regulations of the PCFAWC.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_