

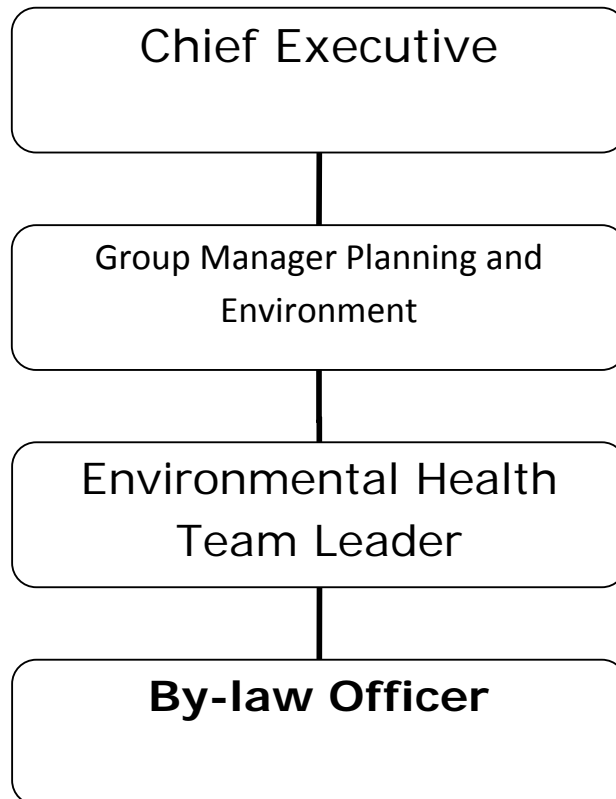
South Wairarapa District Council

Position Number: PE11

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Job Title - By-law Officer

Date	16 November 2009
Job Title	By-law Officer
Group	Planning and Environment
Location	Martinborough Council Administration Building
Responsible to	Environmental Health Team Leader
Responsible for	nil
Hours/days of work	Position one Sunday (2 hours) Monday to Wednesday (24 hours) Position two Wednesday to Friday (24 hours) Saturday (2 hours) On-call as required
Grade	11
Remuneration	\$40,688 - \$52,655

Job Context



Job Purpose

The South Wairarapa District Council aims to become the “best little Council” in New Zealand. The role of By-law Officer is to Implement relevant Acts and By-laws, investigate dog and other complaints and to improve public awareness of all Council’s By-laws.

Key Relationships

External

Animal Owners
General Public.
Other Local Authorities
Police.
After Hours Service
Service Providers such as Veterinary Practitioners, SPCA and other welfare agencies
Public Health Service

Internal

All Staff
Mayor and Councillors
Community Board Members

Key Areas of Responsibility

Dog Control

- Ensure dog owners are aware of their responsibilities.
- Carry out regular property visits to known dog owners
- Educate owners in care and welfare of dogs
- Carry out inspections for Selected Owner status
- Administer Dog Control Act 1996, Dog Control Policy and By-laws

Stock ranging

- Ensure efficient containment of and safe movement of stock by
 - Respond to and resolve wandering stock complaints.
 - Impound stock as necessary.

Impounding

- Manage day to day operation of pound
- Keep accurate records of impounding
- Impound stray dogs
- Impound roaming stock
- Be responsible for care, welfare and disposal of impounded animals

Registration

- Provide information and maintain an up-to-date register of dogs within the district
- Ensure all dogs over 3 months are registered
- Issue notices for unregistered dogs
- Carry out inspections for prosecutions of any unregistered dogs
- Maintain accurate records for prosecutions

Enforcement

- Enforce the requirements of the Dog Control Act, Dog Policy and By-laws, Stock Control By-law, Impounding Act and any other relevant Act or By-law.
- Attend court when required

Education

- Communicate to both public and relevant organisations the services available to them as SWD Residents with regard to animal education and control.
- Organise the undertaking of educational visits to schools and other organisations to promote responsible animal ownership within the district.

Administration

- Maintain Dog Register and update National Dog Data Base.
- Maintain Impound Register
- Issue Notices.
- Assist public with explanations and knowledge of Dog Control Act and By-laws.
- Ensure that any money paid to the BLO by dog owners is correctly allocated to the dog owner and council's accounting system and in a timely manner

Long Grass Notices

- Monitor summertime long-grass hazards during course of travelling the District
- Issue standard and special warnings to property owners of need to address hazards
- Follow-up compliance if required
- Keep a log of notices sent and completions to actions

By-law enforcement

- Ensure compliance with Council's By-laws by (but not limited to):
 - Issue Infringement Notices for breaches of By-laws.
 - Report illegal signs.
 - Assist Regulatory staff with compliance and/or collection of evidence.
 - Investigating and dealing with motor vehicles abandoned on Council's roads.
 - Carrying out regular inspections of urban streets for trees and shrubs overhanging footpaths and hindering pedestrians.
 - Issue verbal or written warnings and/or infringements for illegal camping.
 - Carrying out the responsibilities of a litter control officer in terms of the Litter Control Act 1979.

Relationships

- To develop and maintain highly collaborative relationships with both internal and external customers to encourage collaborative teamwork in order to resolve issues.
- To ensure that the Planning and Environment Group and Council are promoted in the best possible light at all times by providing a superior customer service focused frontline.
- Ensure that any areas of potential risk are identified and elevated to the appropriate levels to be dealt with.
- Maintain and develop a network of relevant contacts to ensure that communication channels are kept open.
- Be proactive in ensuring development of a team orientated environment.

Working Collaboratively

- Operate collegially with other Planning and Environment staff and provide backup support for one another to cover absences and changing workflow pressures.

Corporate Contribution

- Participate as a member of the SWDC Team, making a full contribution to team and organisational initiatives
- Behave consistently with the SWDC Vision, Mission and Values
- Foster co-operation and aid communication between teams, units and groups
- Look for opportunities to improve systems, processes and work practices – both within your own position and the organisation as a whole.
- Assist the organisation's Emergency Management Unit in the event of a major disaster
- Adhere to Health and Safety policies and standards and encourage all other staff to do the same.
- Attend appropriate courses to maintain ongoing knowledge and training.

Council Image

- Take every opportunity to promote a positive image of the Group and Unit and their activities.
- Contribute to the Group business plan.
- Represent the Group when appropriate at meetings.
- Provide information to customers and the general public as supplied.

Financial Management

- Provide information for the preparation of budgets as required.
- Advise customers on fees and charges.
- Ensure customers are invoiced for all costs

The key areas of responsibility above reflect the environment as it exists currently. They are not an exhaustive list and it is recognised that they will be subject to variation

Person Specification Qualifications and Experience

School Certificate passes in English and Mathematics or equivalent NCEA qualification

LGITO Animal Control level 2 or 4

Knowledge of Dog Control Act 1996, Impounding Act 1955, Dog Control Policy and By-law, Stock Control By-law and General By-laws.

Current driver's licence

Firearms licence

Demonstrated ability and familiarity with common software packages (eg: Microsoft Office, MS Word, MS Excel) and ability to learn new systems and processes.

Understanding of stock behaviour and good animal handling skills

Personal Capabilities

Inter-personal skills—the ability to communicate with other people and where possible minimise or avoid conflict.

Objectivity---the ability to maintain an open mind and where necessary, to seek innovative solutions whilst not compromising in situations where there is no room for negotiation

Able to work as part of a team, or independently

Self motivated and prepared to see a task through to its completion

The ability to work calmly in difficult situations

Able to manage stress

Good communicator

Application Form

Ref no: _____

Contact Information

First Name: _____ Surname: _____

Address: _____

Contact Telephone (day): _____ Contact Telephone (night): _____

Contact Mobile: _____ Contact Fax: _____

Email Address: _____

General information

Age: Under 20 20-35 35-45 45-55 55-65 65+

Are you currently looking at other roles? _____ Yes/No

If yes, what stage are you at with your job search? _____

What is your desired remuneration? \$NZD _____

What is your notice period? _____

Current position _____

Current pay level _____

Do you have a current drivers licence? _____ Yes/No

What classes of license do you have? _____

If no license, please state your current mode of transport. _____

Legal entitlement to work in New Zealand

Are you legally entitled to work in New Zealand? *(If you are not a New Zealand Citizen or do not have a New Zealand Residence Visa then you must attach copies of your documents of eligibility).*

Yes/No

Medical history

Do you have any medical condition that may affect your ability to carry out the position applied for? Yes/No

Have you every suffered any injury which resulted in you taking time off work? Yes/No

How many days absence have you had due to sickness in your last 12 months of employment?

0-5 6-10 11-15 over 16 days

Have you made any claim to ACC for any injury illness or condition? Yes/No

if yes please specify. _____

Do you smoke? Yes/No

Have you ever suffered from any of the following?

Back injury or back strain	Yes/No	High blood pressure	Yes/No
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Heart complaints	Yes/No	Diabetes	Yes/No
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Blackouts, fits, seizures	Yes/No	Hernia	Yes/No
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Asthma	Yes/No	Dermatitis or Eczema	Yes/No
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Hearing loss	Yes/No	Allergies	Yes/No
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Criminal records

A criminal conviction will not necessarily exclude you from being considered for any positions. Any previous convictions that meet the criteria of the Criminal records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see <http://www.justice.govt.nz/privacy/clean-slate.html>.

Have you ever been convicted of any offence in New Zealand or in any other country (other than minor traffic or parking offences) Yes/No

Are there any charges against you yet to be heard Yes/No

If you have answered yes to any of the previous two questions please provide details

Conflict of Interest

Our client must be fair and reasonable and avoid any appearance or suggestion of preferential treatment, favouritism, bias or discrimination. They use this information to determine if action can be taken to manage the actual or potential conflict.

Do you have other employment/interests that may be perceived to be in conflict with the employer? Yes/No

If yes, please provide details: _____

Do you have a spouse, partner, relative or household member working within the employer where there would be an indirect or direct reporting relationship? Yes/No

If yes, please provide details: _____

Do you have a spouse, partner, relative or household member working with an organisation that is closely related to the area and nature of the position you have applied? Yes/No

If yes, please provide details: _____

Do you have a financial or other interest in any organisation which could be associated with this position during the course of carrying out these duties? Yes/No

If yes, please provide details: _____

Referee Information

Please provide the names of two referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least one of the referees should be able to give work-related information and should have managed or been senior to you in your current or most recent employment).

1. Name _____

Company _____

Relationship _____

Phone (day) _____ Fax _____ Email _____

2. Name _____

Company _____

Relationship _____

Phone (day) _____ Fax _____ Email _____

Privacy Act

I recognise that the information gathered by BOSS Group Ltd, relating to my own personal information has been collected solely for the purpose of determining my suitability for permanent and/or temporary employment with BOSS Group Ltd or with any other employer.

I grant permission to BOSS Group Ltd to disclose my information in reasonable discretion to the employing organisation directly or in the form of an appraisal or report. I agree that BOSS Group Ltd will not be held liable should confidential information pass into the possession of persons not intended by me to receive such information.

I grant permission to BOSS Group Ltd to conduct a police or credit check or collect information/make enquiries which are deemed appropriate.

I consent to collection use and storage of my personal and sensitive information. I have read and understood each of the statements in the BOSS Group Ltd Privacy Statement and voluntarily consent to personal and sensitive information about me being collected by you as outlined.

You have the right to access information withheld by BOSS Group Ltd regarding your own personal details. We will endeavour to ensure that your information is kept at all times private and secure.

Authorisation & Confidentiality

By submitting this form, you agree to the following:

I acknowledge that BOSS Group Ltd has been granted permission to contact prior or present employers that I have specified in written form as being appropriate to contact for the sole purpose of obtaining work-related references. Without limiting the generality of this authorisation, I authorise you to obtain any other information held by credit reference agencies or security companies.

I certify that all information volunteered in this application and resume is accurate and factual. I understand that my employment may be terminated if after investigation an employer discovers any information which I have provided, or which has been provided about me is false or misleading.

I authorise you to disclose, with my knowledge, confidential information which you hold about me to any potential employer and BOSS Group Ltd.

Signed _____ Date _____

Name (Please print) _____

Application checklist

CHECKLIST:

- Application form completed *(including referee information)*
- Covering letter
- One copy of full Curriculum Vitae
- Police Check completed
- Copy of id attached

Please do not send folders or original documents. Documents will not be returned.



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

Pre-employment vetting

Insurance Claims vetting

Other (specify)

Tick the report required:

All convictions report Traffic Convictions Report

Signature of subject and date

X

X

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.