



State of New Jersey
Department of Transportation



WINTER OPERATIONS SUPPORT TEAM (WOST)

2016-2017

Member Agreement

Note: Membership is limited to full time employees of the State of New Jersey or those retired from full time employment from the State of New Jersey, for a period of greater than 180 days (6 months).

MEMBERSHIP ACTIVITY DESCRIPTIONS

Please note: TES Hourly wage is \$42.91 per hour regardless of the function performed.

Snow Plow/Spreader Truck Driver: Winter Weather Events - Rate Code E

Drives/Operates equipment for spreading anti-icing materials and or plowing snow on state highways and related duties.

Requirements:

- ✓ Must have a minimum of a Class B CDL, with Air Brake endorsement.
- ✓ Must submit to Drug/Alcohol Testing

Non-Winter Events (i.e. Super Storm Sandy) - **Rate Code 5**

Drives/Operates equipment related to all maintenance activities used in emergent event. Operates various hand and power tools as needed.

Ops (Snow) Representative:
Rate Code D

Oversees one or more contractor(s) during winter storms, acts as an extension of the Shift Supervisor, monitors contractor activity, prepares reports, completes all documentation at the end of each shift and returns those to the shift supervisor.

Requirements:

- ✓ Must have a valid Driver's License
- ✓ Must have a rider on auto insurance policy if using personal vehicle. (see page 4)

NJDOT's winter season begins October 1st and ends April 30th.



SUPPORT TEAM MEMBER AGREEMENT :

By signing this Agreement, I acknowledge that by becoming a Winter Operations Support Team Member (“Support Team Member”) (formerly known as “Snow Volunteer”) for the New Jersey Department of Transportation (“NJDOT”), I am expected to perform the activity selected above, in exchange for the rate of pay associated with that activity, if called upon for a winter weather or other event. I understand that I will be scheduled to work on one of the two twelve hour shifts that run from 1200hrs and 2400hrs. I will also be subject to a recall if the winter weather emergency or other emergency extends over multiple days. I also understand that if I am unable to be contacted to report for duty or otherwise unavailable on three (3) separate occasions, that I may be removed from the Program at the discretion of the NJDOT. Moreover, I am aware that either on-site or online training and drug/alcohol testing are mandatory for all Support Team Members and that I will be subject to random drug/alcohol testing throughout the NJDOT's winter season. My commitment to this team obligates me to complete the training and testing. The NJDOT will only compensate a team member for trainings or tests if they occur at a NJDOT facility. **Also, if I receive a positive drug/alcohol result I understand I will be removed from the volunteer program.**

I understand that it is my responsibility to ensure that I am working within the rules, regulations or guidelines that my department or agency has set forth to allow me to also support the NJDOT in this effort. I understand that I may be summoned to report for duty for the NJDOT during nights, weekends, and/or holidays as needed. I also understand that in the event of an official State of New Jersey emergency closing due to an emergent event that I am expected to fulfill my commitment to the NJDOT Winter Operations Support Team and report for duty when called upon. When working for the NJDOT during an official State Closing, I will receive my normal rate of pay during my normal work hours and will receive the emergency rates listed herein during those hours worked outside of my normal work hours.

I understand that by becoming a Support Team Member I become an integral part of the Departments plan for keeping the roadways of New Jersey safe during emergent events. Therefore, if for any reason I feel I cannot fulfill this obligation I can contact my NJDOT representative and request that this agreement be voided. Finally, I understand that it is my responsibility to submit accurate timesheets for the periods worked for the NJDOT in a timely manner (within two weeks from the day you worked) so I may be compensated for the work performed.

I understand that I cannot work or enter into an agreement to work for 180 days (6 months) after my retirement date. I understand that it is my responsibility to notify my NJDOT representative of my retirement.

*Please complete the remainder of this agreement in its entirety and sign.
Submit to the appropriate regional coordinator listed on page 4.*

MEMBER INFORMATION

For Office Use Only

CREW ASSIGNED: _____

POSITION ASSIGNED: _____

DATE ACTIVE: _____

Check here if you are a returning team member. If checked, what crew you were previously assigned to? _____

I wish to be a Winter Operations Support Team Member in the capacity of a:

Driver - Current State Employee

Representative - Current State Employee

Driver - On Call Driver (TES)

Representative - On Call (TES)

Driver - Retirees (TES)

Representative - Retirees (TES)

Retirement Date: _____

Retirement Date: _____

Do you plan on retiring during the winter season? Yes No If yes, date: _____

SOCIAL SECURITY # _____ EMPLOYEE ID # _____
(Cannot enter electronically - Will obtain at a later date.)

FIRST NAME _____ MI _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

24/7 CONTACT #'s HOME _____ CELLULAR _____

DRIVER LICENSE NUMBER: _____ EXPIRATION DATE: _____
(Cannot enter electronically - Will obtain at a later date.)

EMAIL ADDRESS _____

(NOTE: This email address is very important and will be used to supply you with information throughout the year.)

EMERGENCY CONTACT _____ PHONE# _____

Select three (3) locations within a 25 mile radius from your residence that you would accept assignment to. See list on page 5.

1. _____ 2. _____ 3. _____

DRIVER INFORMATION

Please check the class of CDL that you possess: A B C

Please check all applicable Endorsements you possess. H (Hazardous Materials) N (Tank Vehicle) S (School Bus) P (Passenger) Air Brake

Your application will not be considered complete until your respective WOST coordinator has received a clear copy of your commercial driver's license.

Before you can be accepted as a WOST driver, you must submit to mandatory drug testing. Please see page 6 for schedule and details.

DATE OF DRUG TEST: _____

REGULAR WORK ASSIGNMENT INFORMATION Check if you are a retiree and go to next page.

REGULAR WORKING DAYS: Sun Mon Tues Wed Thurs Fri Sat HOURS: _____ to _____

DEPARTMENT _____ DIVISION _____

TITLE _____ PAYROLL # _____ UNIT # _____

ECATS USER? No Yes

WORK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK TELEPHONE # _____ WORK EMAIL ADDRESS _____

FOR DRIVERS - CDL TRAINING ONLY

IMPORTANT NOTE: IF YOU ARE INTERESTED IN CDL TRAINING, PLEASE READ AND SIGN BELOW:

In consideration for the CDL training expenses paid for by the New Jersey Department of Transportation (NJDOT) and in accordance with its policy and procedures; I agree to participate in the NJDOT winter operations support team program for at least one year after obtaining my CDL. If I do not continue my commitment, I will reimburse NJDOT for the costs involved in the training to obtain my CDL (this amount may vary by region but is approximately \$650.00). Costs of the CDL may be waived at the discretion of the NJDOT based on circumstances which management recognizes as compelling (illness, relocation of spouse, military obligations, etc.)

THE COST OF THE TEST PERMIT AND THE CDL LICENSE IS THE RESPONSIBILITY OF THE APPLICANT.

By checking here, I am agreeing to the above statements and I am requesting CDL Training.

FOR OPS (SNOW) REPRESENTATIVES MEMBERS ONLY

Check type of vehicle you will be utilizing STATE ASSIGNED PERSONAL

NOTE: If checking "State Assigned", you must have a vehicle currently assigned to you and have permission from your Department to use it for Snow Representative duties. DOT does not provide vehicles for this position.

NOTE: Your application will not be considered complete until your respective WOST coordinator has received the following:

- Proof of valid driver's license - required for both State assigned and Personal vehicles.
- Face sheet of insurance policy i.e. Declarations Page* - required only if you are using your personal vehicle.

*Must show that you maintain insurance for personal liability in minimum amounts of twenty-five thousand dollars (\$25,000.00) for each person, fifty thousand dollars (\$50,000.00) for each accident, and ten thousand dollars (\$10,000.00) for property damage for each accident..

Have you ever submitted mileage reimbursement through the State of New Jersey? No Yes Don't Know

I understand that as a snow representative, I will not be eligible for mileage reimbursement for commuting to my assigned snow section.

TES Employees are limited to forty (40) hours per week. Anyone who works over forty (40) hours in one week will be ineligible for future work for the remainder of the snow season.

FOR ALL MEMBERS -APPLICATIONS DEADLINE IS AUGUST 12, 2016. APPLICANTS WHO FAIL TO PROVIDE ALL THE REQUIRED DOCUMENTS WILL NOT BE CONSIDERED FOR ASSIGNMENT.

North Region WOST Coordinator
SnowVolunteers.North@dot.nj.gov

Central Region WOST Coordinator
SnowVolunteers.Central@dot.nj.gov

South Region WOST Coordinator
SnowVolunteers.South@dot.nj.gov

Member Signature: _____

Member Name (print) _____

Date: _____

If you need assistance in submitting this agreement, please contact the appropriate Regional Coordinator:

North Region WOST Coordinator
973-601-6771

Central Region WOST Coordinator
732-625-4342

South Region WOST Coordinator
856-486-6606

If your browser does not prompt you to select either your default email or web based email and actually send the email, the Application has NOT been submitted. You will receive a confirmation email to the email address you provide on the application.

NOTE: We will attempt to accommodate location choices whenever possible, however it cannot be guaranteed as assignments are primarily determined by operational needs.

NORTH		CENTRAL		SOUTH	
CREW	LOCATION	CREW	LOCATION	CREW	LOCATION
BERGEN		HUNTERDON		ATLANTIC	
212	Fort Lee	336	Bloomsbury	421	Buena
213	Lodi	337	Clinton	456	Mays Landing
211	Ramsey	331	Flemington	423	Pomona
ESSEX		330	West Amwell	BURLINGTON	
215	West Orange	MERCER		430	Bordentown
226	Newark	321	Hamilton	468	Mount Laurel
HUDSON		325	Hamilton	434	Red Lion
222	Jersey City	316	Lawrence	CAMDEN	
219	Secaucus	314	West Trenton	415	Berlin
MORRIS		317	Washington Twp.	411	Cherry Hill
217	Riverdale	MIDDLESEX		410	Pennsauken
220	Hanover	311	College Farm	CAPE MAY	
225	Hanover	329	Keasbey	428	Middle Twp.
218	Netcong	335	Metuchen	CUMBERLAND	
227	Rockaway	310	Sand Hill	426	Cumberland
228	Rockaway	312	Sayreville	GLOUCESTER	
PASSAIC		MONMOUTH		413	West Deptford
210	Paterson	318	Freehold	414	Deptford
214	Totowa	319	Freehold	416	Bridgeport
SUSSEX		313	Hazlet	417	Glassboro
230	Branchville	320	Ocean Twp.	SALEM	
231	Sussex	324	Wall Twp.	425	Deepwater
UNION		328	Wall Twp.	420	Elmer
223	Elizabeth	OCEAN			
221	Summit	327	Lakewood		
WARREN		334	Manahawkin		
216	Columbia	333	Toms River		
224	Port Colden	SOMERSET			
229	Yellow Frame	338	Bedminster		
		339	Bedminster		
		326	Bridgewater		
		332	Bridgewater		

2016 - 2017 WOST DRUG TESTING SCHEDULE

I understand that I must attend one of the pre-employment drug screening dates for the position of volunteer NJDOT Winter Operations Support Team Snow Plow Truck Driver. (Note: Only Snow Plow Drivers are tested. Snow Reps are not tested and do not need to select a date for screening.)

You MUST select and attend one the arranged testing dates if you wish to participate in the program for the 2016/2017 season. There will be NO arrangements made for private facility testing if you do not make one of these dates. Please indicate the date you will attend on your application.

I understand that it my responsibility to mark the date on my calendar and attend as scheduled. I will not receive a reminder prior to the testing date. I understand that I MUST bring my valid CDL Drivers license to the drug screen. I will not be tested without it.

I further understand that I will be required to take other random drug screens whenever the NJDOT employees of the maintenance crew I am assigned are screened through April 30, 2017. If I do not respond when contacted for random testing, I may be removed from the program until I am tested.

NORTH REGION		
September 8, 2016 (Thursday)	8:00 AM - 11:00 AM *	Region North Headquarters 200 Stierli Court, Mount Arlington, NJ 07856
September 13, 2016 (Tuesday)	8:00 AM - 11:00 AM *	Newark Maintenance Yard 602 Route 1 & 9 SB, Newark, NJ 07114
September 23, 2016 (Friday)	8:00 AM - 11:00 AM *	Newark Maintenance Yard 602 Route 1 & 9 SB, Newark, NJ 07114
September 26, 2016 (Monday)	8:00 AM - 11:00 AM *	Region North Headquarters 200 Stierli Court, Mount Arlington, NJ 07856

CENTRAL REGION		
September 7, 2016 (Wednesday)	8:00 AM - 11:00 AM *	DOT Headquarters - Trenton 930 Lower Ferry Road, Ewing, NJ 08618
September 16, 2016 (Friday)	8:00 AM - 11:00 AM *	Freehold Maintenance Yard 100 Daniels Way, Freehold, NJ 07728
September 20, 2016 (Tuesday)	8:00 AM - 11:00 AM *	Flemington Maintenance Yard 47 Route 31 SB, Flemington, NJ 08822
September 27, 2016 (Tuesday)	8:00 AM - 11:00 AM *	DOT Headquarters - Trenton 930 Lower Ferry Road, Ewing, NJ 08618

SOUTH REGION		
September 12, 2016 (Monday)	7:30 AM	Cumberland Maintenance Yard 5282 Route 49, Maurice River, NJ 08332
September 15, 2016 (Thursday)	7:30 AM	Cherry Hill Yard Route 70 & NJ Turnpike, Cherry Hill, NJ 08034
September 19, 2016 (Monday)	7:30 AM	Bordentown Maintenance Yard 101 Dunns Mill Road, Bordentown, NJ 08505
September 22, 2016 (Thursday)	7:30 AM	Cumberland Maintenance Yard 5282 Route 49, Maurice River, NJ 08332
September 28, 2016 (Wednesday)	7:30 AM	Cherry Hill Yard Route 70 & NJ Turnpike, Cherry Hill, NJ 08034

*Screening will continue until all volunteers have been tested; however, you should not arrive later than 11:00 AM.