



## **Operations Supervisor**

**Schedule:** Monday – Friday, 7:30AM – 5:00 PM

*Representative may be required to stay late when necessary to complete next-day paperwork for crews.*

**Compensation:** Hourly

### **Position Overview:**

We are seeking a highly organized and dependable **Operations Supervisor** to oversee daily office and operational functions. This role serves as a central point of contact for customers, crews and contractors while maintaining scheduling, billing, reporting and administrative processes. The ideal candidate is self-directed, detail-orientated and capable of managing multiple priorities independently.

### **Key Responsibilities:**

#### Operational Support

- Prepare bids and sale jobs
- Process State & County Permits for Oversize loads and Construction Crews
- Audit paperwork, process rewrites and notify dealers of shortages and/or factory service items
- Coordinate/verify schedules with crews, customers and contractors
- Update calendar as schedule changes occur
- Process billing and invoicing
- Complete bank reconciliation
- Complete monthly, quarterly and annual reporting
- Assist departments with processing background checks and employment hiring packets
- Distribute and collect employee timecards weekly
- Check in parts inventory, maintain accurate records, & order parts/supplies as necessary

#### Customer Service & Communication

- Greet and assist customers in a professional manner
- Respond to inquiries via phone and email
- Provide customer support and resolve customer service issues
- Dispatch crews and communicate schedule updates
- Screen and forward calls for multiple companies, may be required to assist or process paperwork for other companies

#### Administrative & Office Support

- Maintain filing systems and organize documentation
- Prepare PowerPoint presentations for meetings
- Conduct project-related research
- Perform general office cleaning (dust, vacuum, clean restroom & take trash out)

- Shred documents and organize office supply cabinets as needed
- Run errands, stock supply and break room

#### When Management is Out of Town

- Morning briefing with crews
- Update crew schedule daily
- Check mailbox

#### **Qualifications**

- Knowledge of billing, invoicing, and bookkeeping processes
- Strong customer service and communication skills
- Proficiency in Microsoft Office Products
- Strong computer, organization and math skills
- Ability to multitask and manage competing priorities effectively
- Professional demeanor and strong attention to detail
- Ability to perform well in high pressure situations
- Dependable, punctual and highly organized
- Flexible schedule and willingness to stay late when required
- Reliable transportation

**THE FOLLOWING IS A LIST OF WHAT YOU WILL NEED TO TURN IN**

**TO RCMHS INC. FOR YOUR APPLICATION TO BE COMPLETE:**

- I. COPY OF VALID DRIVER'S LICENSE**
- II. COPY OF SOCIAL SECURITY CARD**
- III. COPY OF MVR (MOTOR VEHICLE RECORD)**

**THANK YOU FOR YOUR INTEREST AND COOPERATION.**

**PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_

PHONE# \_\_\_\_\_ ALTERNATE PHONE# \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

**GENERAL INFORMATION**

WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT? \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS COMPANY?  
\_\_\_\_\_

HAVE YOU READ THE JOB DESCRIPTION AND REQUIREMENTS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU UNDERSTAND THE JOB DESCRIPTION? YES \_\_\_ NO \_\_\_\_\_

CAN YOU PERFORM THE JOB FUNCTION WITH OR WITHOUT  
REASONABLE ACCOMODATIONS? YES \_\_\_ NO \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_  
RESTRICTIONS \_\_\_\_\_ EXPLAIN RESTRICTIONS \_\_\_\_\_

**EDUCATION**

MILITARY SERVICE: YES \_\_\_ NO \_\_\_ US CITIZEN: YES \_\_\_ NO \_\_\_

HIGH SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GRADUATE? YES \_\_\_ NO \_\_\_ YEARS COMPLETED \_\_\_ STILL ATTENDING \_\_\_\_\_

COLLEGE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

GRADUATE? \_\_\_\_\_ YEARS COMPLETED \_\_\_ STILL ATTENDING \_\_\_\_\_

TRADE SCHOOL? \_\_\_\_\_ LOCATION: \_\_\_\_\_

GRADUATE? \_\_\_\_\_ YEARS COMPLETED \_\_\_ STILL ATTENDING? \_\_\_\_\_

CORRESPONDENCE NIGHT SCHOOL: \_\_\_\_\_ LOCATION \_\_\_\_\_

GRADUATE? \_\_\_\_\_ YEARS COMPLETED \_\_\_ STILL ATTENDING? \_\_\_\_\_

OTHER JOB-RELATED EDUCATION?

YES \_\_\_ NO \_\_\_ EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**WORK PREFERENCES**

POSITION: \_\_\_\_\_ PART TIME \_\_\_ FULLTIME \_\_\_ SUMMER \_\_\_

RATE OF PAY EXPECTED? \_\_\_\_\_

WILL YOU WORK SHIFTS? YES \_\_\_ NO \_\_\_ WILL YOU TRAVEL? YES \_\_\_ NO \_\_\_

IS THERE ANY REASON (S) YOU CAN NOT TRAVEL OUT OF THE STATE OR COUNTY? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE COMPUTER EXPERIENCE? YES \_\_\_ NO \_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**EMPLOYMENT HISTORY**

EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY:\$ \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY:\$ \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY:\$ \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY:\$ \_\_\_\_\_  
REASON FOR LEAVING? \_\_\_\_\_  
\_\_\_\_\_

## Certification of Violations

I certify that the following is a true and completed list of traffic violations (other than parking violations) for which I have been convicted for or forfeited bond or collateral during the past 12 months.

Date of conviction	Offense	Location	Type of Vehicle operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Your cooperation in this matter is greatly appreciated, please return this form as soon as possible. **I UNDERSTAND IF THE STATUS OF MY DRIVING RECORD CHANGES IF HIRED, I MUST REPORT TO MANAGEMENT IMMEDIATELY. CONVICTION OF DUI/DWI COULD OR EXCESSIVE TICKET VIOLATIONS COULD LEAD TO TERMINATION.**



License #500

APPLICANT'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

Because of my desire to become employed with RCMHS, Inc dba RC Mobile Home Service & Transporting, I hereby authorize you to release to RCMHS, Inc all information regarding my services, character and conduct while in your employ or service. My signature below releases you from all liability which may result from furnishing the above information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

The applicant named above was employed by us from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ as (job classification) \_\_\_\_\_.

Can you please tell us:

- Quality of work: \_\_\_\_\_
- Quantity of work: \_\_\_\_\_
- If they are eligible for rehire: \_\_\_\_\_
- About their ability to work well with others: \_\_\_\_\_
- Attitude: \_\_\_\_\_
- Reason given for leaving your employment: \_\_\_\_\_

Any additional remarks:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name: \_\_\_\_\_

We appreciate your co-operation regarding filling out the questionnaire.

Thank you,

RCMHS, Inc.  
2625 La Plata Hwy.  
Farmington, NM 87401  
505.326.3074