

This form may be printed out and completed, then mailed or delivered to:

Human Resources
City of Scottsbluff
2525 Circle Dr.
Scottsbluff, NE 69361

APPLICATIONS WILL BE ACCEPTED UNTIL POSITION IS FILLED

- **PLEASE CONTACT JANA BODE AT (308-630-6216)
IF YOU WISH to SUBMIT YOUR APPLICATION
ELECTRONICALLY.**

JOB OPPORTUNITY

CITY OF SCOTTSBLUFF, NEBRASKA

Maintenance Worker-Wastewater

Description of the Job:

The Maintenance Worker for the Wastewater Division of the Public Work Department shall perform semi-skilled and skilled maintenance work involving grounds, buildings, equipment and sanitary sewer system cleaning and repair. The duties involve a variety of tasks, and requires the ability to perform heavy manual labor to assist in the repair and maintenance of public property and facilities. The employee will be required to work out of doors in all kinds of weather and may be assigned to assist other departments when needed. This individual shall work under the supervision of the Wastewater System Supervisor and may work with others, or may be required to work independently on a project after specific instructions have been given.

Essential Functions of the Job:

Serve as field contact for providing customer service and support relating to field work;
Perform ongoing preventative and emergency cleaning of sanitary and storm sewer lines;
Perform repair and maintenance on sewer lines, manholes and other facilities in the sanitary sewer system;
Perform maintenance and cleaning of equipment from use and as part of the preventative maintenance program;
Utilize the City's sewer camera to inspect the sewer collection system as part of the ongoing preventative maintenance cleaning program and for emergencies;
Operate a Global Positioning System (GPS) unit for input and transfer of data to the City's Geographic Information System (GIS);
Ensure the safety of maintenance workers and the public around job sites, to include wearing proper protective equipment, safety vests, site barricading and traffic cones;
Maintain proper protocol for entering confined spaces;
Document and record the maintenance work performed on the sanitary sewer system or other work assignments as required;
Assist in verifying and correcting existing GIS mapping information for the sanitary sewer systems;
Responsible for assisting with the overall maintenance of the facility grounds, including mowing, snow removal and fence installation;
Perform general maintenance and janitorial work in public buildings and property;
May assist with pouring cement installation of fences and equipment;
Regular attendance and punctuality required;

Knowledge, Skills, and Abilities:

Ability to follow simple oral and written instructions;
Ability to communicate effectively both orally and in writing;
Ability to understand and interpret information contained in operational manuals for equipment safety and departmental procedures;
Ability to outdoors in extreme weather conditions while performing manual tasks under varying conditions;
Ability to lift up to 60 pounds with the ability to lift lesser weights repetitively;
Ability to stand, walk, sit, ride, climb, twist, kneel, bend, stoop, crawl, squat, grasp, push, pull, dig, shovel and a variety of similar body movements to accomplish the

duties of the position;
Ability to operate light equipment and heavy equipment;
Knowledge and skill in the use of hand tools and power equipment;
Ability to deal in a positive way with the general public and with co-workers;
Ability to learn to operate a Global Positioning System (GPS) for transfer of data to the Geographic Information System (GIS).

Minimum Qualifications:

Education equivalent to completion of the 12th grade;
Valid Commercial Operator's License (CDL) or ability to obtain one in 6 months;
Basic computer experience;
Must be dependable.

Preferred Qualification:

Basic knowledge of the operation of wastewater transmission and distribution systems;

This job description is intended to describe the general nature and level of work to be performed by employees assigned to this classification and is not intended to be construed as an exhaustive list of all responsibilities, duties and skills of personnel so classified.

Hourly salary: \$15.25

CITY APPLICATION FORM REQUIRED AND MAY BE OBTAINED AT www.scottsbluff.org OR AT CITY HALL, 2525 CIRCLE DR., SCOTTSBLUFF, NE 69361. APPLICATIONS WILL BE RECEIVED UNTIL POSITION IS FILLED.

An Equal Opportunity Employer, no discrimination on the basis of disability, only U.S. citizens and aliens authorized to work in the United States will be hired and all employees are required to complete a verification form.

To be eligible to claim Veteran's Preference under the provisions of Section 48-225 through 48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD 214) at the time of filing this application.

City of Scottsbluff, Nebraska Application for Employment

The City of Scottsbluff is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please print or write legibly in ink. Fill in all blanks completely.

POSITION APPLIED FOR:		DATE OF APPLICATION:
Last Name	First Name	Middle Initial
Address:	City and State	Zip
Telephone: Home	Cell	Work/Business

APPLICANT INFORMATION:

Do you have a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No	License No.	State	Exp. date
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>(Proof of citizenship or immigration status will be required upon employment)</i>				
*Have you ever been employed with the City of Scottsbluff before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give date: _____ What Department? _____				
Have you ever been dismissed from employment for misconduct, or have you ever resigned on request to avoid discharge? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you related to anyone employed by the City of Scottsbluff? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name of relative: _____ Department: _____				
Date you can start:			Salary Desired:	

EDUCATIONAL BACKGROUND:

School Name and Location	High School or GED				Undergraduate College/University				Graduate/ Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Major and Minor Subjects												
List Licenses, Professional Registration or other Recognition:												
List Special Skills or qualifications:												

MILITARY: Complete this section if you served in the U.S. Armed Forces:

Branch of Service	Duties and special training:
Period of Active Duty:	Rank at Discharge:
From _____ To _____	Type of Discharge:
Are You Claiming Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, a copy of honorable discharge papers, (form DD214) must be attached to this application to be eligible. Veteran's Preference only applies when a qualified candidate obtains passing scores on all parts and phases of examination/interviews.	

For City use only!

This application was received by: _____ Date _____

EMPLOYMENT EXPERIENCE:

Start with your present or most recent position for a period of 10 years including any military service and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Application should be fully completed, without reference to attached resume. In addition, you may include a resume.

Name of Employer:	Dates Employed (Month & Year)		Salary Rate:		
Address:	From:	To:	Total:	Starting:	End:
City State Zip	Name of Supervisor:		Your Position:		
Telephone Number:	Describe your duties:				
Reason for Leaving:					
Name of Employer:	Dates Employed (Month & Year)		Salary Rate:		
Address:	From:	To:	Total:	Starting:	End:
City State Zip	Name of Supervisor:		Your Position:		
Telephone Number:	Describe your duties:				
Reason for Leaving:					
Name of Employer:	Dates Employed (Month & Year)		Salary Rate:		
Address:	From:	To:	Total:	Starting:	End:
City State Zip	Name of Supervisor:		Your Position:		
Telephone Number:	Describe your duties:				
Reason for Leaving:					

REFERENCES: List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Telephone Number	Years Known

EMPLOYEE CONSENT

I, _____ hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Scottsbluff

Signed: _____ Date: _____

APPLICANT'S STATEMENT: (Read carefully before signing)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation, including but not limited to all statements contained in the application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand that if I am hired, my employment is at will, and I can be terminated according to the provisions of the City of Scottsbluff's Personnel Manual.

Signed: _____ Date: _____

ANTI-DRUG PLAN

In accordance with the NEBRASKA DRUG FREE WORK PLACE ACT of 1988, and the City of Scottsbluff's Anti-Drug Plan, the City of Scottsbluff has instituted a drug testing program. The City of Scottsbluff has reviewed the legal, operational, social, medical and ethical aspects of instituting this program. I understand that manufacture, distribution, possession, use, sale, transfer, purchase, and transport of illegal drugs will be considered a violation of the City of Scottsbluff's Anti-Drug Plan and shall be grounds for disciplinary action, including termination. This program allows all employees to enjoy a safe, productive, and healthy work environment. Individuals are urged to seek assistance prior to problems affecting on-the-job performance.

PRE-EMPLOYMENT: Job applicants who are being considered for employment for positions with particular responsibilities must read the Anti-Drug Plan, sign a consent form, and submit to pre-employment drug testing.

CERTIFICATION: I have read, and understand the content of the above Anti-Drug Plan. I understand that compliance with the Anti-Drug Plan will be considered a condition of employment with the City of Scottsbluff.

Date

Signature

CITY OF SCOTTSSLUFF

EMPLOYMENT REFERENCE CHECK

Disclosure Pursuant to the Fair Credit Reporting Act: The City of Scottsbluff may obtain a Consumer Report about you for employment purposes. This Consumer Report may contain information about you including but not limited to the information set forth below. A summary of Your Rights Under the Fair Credit Reporting Act is attached.

I _____ authorize the City of Scottsbluff to check previous employment and /or personal references listed on my application and/or resume. I also give my consent to the City of Scottsbluff to obtain the following: Records of educational institutions that I have attended;

Driving record and *civil and criminal history records; Employment records from previous employers to include evaluations, disciplinary history, complaints or grievances filed by or against me, Pre-employment records from prospective employers; A consumer report that might show financial and credit information, including credit reports and ratings; records from Financial Institutions to include loan performance, loan officer notes and financial statements, understanding that I have rights under the Fair Credit Reporting Act.

Any information from Counsel who have represented me in *civil or criminal cases and I specifically waive the attorney client privilege in that regard.

The above records may be obtained through a variety of agencies/sources, including the internet.

Signature _____ Address _____

Date _____

(Including maiden name)

Social Security # _____
Number _____

Phone _____

Most recent or current Employer _____

Telephone _____

Supervisor's Name _____ Title _____

Date of Employment _____

*The City of Scottsbluff will not conduct a criminal background or history check for you unless and until the City determines that you meet the minimum employment qualifications for the position applied for. This limitation does not apply to applicants for police officer positions.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response

Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

INFORMATION FOR APPLICANTS FOR DOT-COVERED POSITIONS
THE CITY OF SCOTTSBLUFF

Federal law requires applicants to indicate whether they have previously refused to be tested or received a positive test on any pre-employment test for any other DOT employer. Please provide this information below. It is a federal offense to falsify this information.

- I have NOT tested positive on a pre-employment drug test for any other DOT employer in the past two years, nor have I refused to be tested. (If so, please sign below and complete the remainder of this form.
- Yes, I tested positive (or I refused to be tested) on a pre-employment drug test for another DOT employer in the past two years. (If so, please sign below and do not continue.)

Signature of Applicant

Date



Each applicant for a DOT-covered position at the City of Scottsbluff, after being notified that he/she will be offered a job, must be drug tested, in accordance with federal regulations 49 CFR Part 382. If the test result is positive, or if the applicant refuses to submit to a pre-employment test, the job offer will be withdrawn.

We must have a negative test result in our file before we can request or allow an employee to provide safety-sensitive function for us.

The cost of the initial screening test and confirmatory test will be paid by the City of Scottsbluff.

Every applicant who provides a positive test result will have an opportunity to speak with a Medical Review Officer about any recent use of prescription and non-prescription drugs that might explain the positive test result.

An applicant whose test result is positive may, within 72 hours, request a re-test, at his/her own expense. The re-test will be conducted on the same sample as was provided for the initial test, and must be conducted by a different certified testing laboratory.



I have not tested positive (or refused to be tested) on a DOT pre-employment drug test, at any time in the previous two years.

My signature below means that I have read this information, that I have had an opportunity to review a copy of the City of Scottsbluff's drug and alcohol testing policy, and that if I am offered a position, I consent to being tested for drugs as a condition of employment.

Signature of Applicant

Date

NOTICE TO ALL APPLICANTS FOR COMMERCIAL DRIVERS LICENSE (CDL) POSITIONS

In compliance with DOT regulations 49 CFR Part 40 and Part 382, as a condition of employment in a DOT safety-sensitive position, all applicants being considered for employment in a CDL position, or for transfer to a CDL position, must provide the names and addresses of previous employers for whom they performed DOT regulated safety-sensitive duties within two years of the application date. The applicant must provide a signed consent for release of the information listed on page 2 of this form in order to be placed in a DOT safety-sensitive position.

List all DOT employers, and their complete addresses, telephone numbers and fax numbers, for whom you have performed “covered” safety-sensitive duties within the past two years.

	Employer	Address	Telephone Number	Fax Number
1.				
2.				
3.				
4.				
5.				
6.				

The purpose of this policy is to establish compliance with the Federal Highway Administration regulations requiring drug and alcohol testing for Commercial Driver's License holders. Regulations issued by the United States Department of Transportation mandate urine drug and evidential breath alcohol testing for employees in safety-sensitive positions, including those who are required to hold a Commercial Driver's License. This policy sets forth the alcohol and drug testing program and the testing and reporting requirements as required by those regulations.

The City complies with the provisions of the Federal Department of Transportation drug and alcohol prevention program rules. A full description of these rules is available from the Human Resources Division. This is a supplement to the federal rules in force.

The City maintains a "zero-tolerance" toward drug and alcohol abuse. City employees who test positive for drug and alcohol as defined in this policy will be terminated subject to the following procedures.

"Positive" Drug and Alcohol Tests:

Employees who test "positive" for drug or alcohol use under the DOT rules are considered in violation of the rule and will be terminated. Employees who test 0.020 and above for breath alcohol level are considered by the City to have violated this policy and will be terminated. Employees refusing to test, or failing to report for a mandated test, are considered to have violated this policy and will be terminated.

Testing Practices:

An employee who is required to report for random drug or alcohol testing under the DOT program is allowed to use a City vehicle to travel to the testing facility and does not require supervisory escort.

An employee who is required to report for pre-employment drug or alcohol testing under the DOT program requires no supervisory escort and is (a) allowed to use a City vehicle if the employment action is promotional or (b) required to use a personal vehicle if he/she is not a City employee.

Employees who are required to report for reasonable suspicion drug or alcohol testing under the DOT program may not drive themselves – in a City or personal vehicle – to the testing facility and must have supervisory escort.

Employees who are required to report for post-accident drug or alcohol testing under the DOT program may drive themselves to the testing facility using a City or personal vehicle, but should have supervisory escort.

An employee who tests positive for drug or alcohol use under the definition may not drive home in a City vehicle. The supervisor may drive the employee home, may call a taxi, or may contact a member of the employee's family to escort the employee home from the testing facility.

Prescription Drugs:

The DOT requires that employees who drive Commercial Motor Vehicles must provide the City with a statement from the prescribing Doctor that states the employee may safely operate a CMV while using a prescription medication. The City will provide a form for the Doctor to complete.

Drug and Alcohol Use by On-Call Employees:

The City desires to make on-call duties as non-restrictive as possible for City employees. As such, the City does not have a formal policy regarding the use of drugs or alcohol by off-duty employees, including those on-call. The City hopes that on-call employees will use prudence and good judgment in their consumption of these substances while on-call; abstinence while on-call is a goal the City hopes on-call employees will aspire to.

Because of the restrictive nature of the DOT drug and alcohol testing program, the City does not wish to jeopardize the safety of the public or the careers of its employees by requiring on-call employees to respond to duty if they have been using drugs or alcohol.

The City hereby establishes a “voluntary exclusion” policy for on-call, DOT employees. If an on-call, DOT employee has used alcohol within the four hours preceding his/her call-back, or if the employee feels he/she is not capable of successfully passing a drug or alcohol test, the employee may exclude himself/herself from responding to duty. The employee must indicate to the caller (supervisor) that he/she wishes to be excluded due to this voluntary exclusion policy. Failure to respond while on-call for any reason is a performance problem for positions which require on-call responses. The voluntary exclusion policy is set as a privilege to employees who may occasionally find that they are unable to respond to a call-back due to drug or alcohol use. A pattern of failing to respond to call-backs for any reason (including voluntary exclusion) may subject an employee to disciplinary action up to and including termination.

Any employee found to have abused the voluntary exclusion privilege (i.e., he/she was excluded for a reason other than DOT drug and alcohol prevention) will be terminated.

Termination Upon Positive Test:

An employee testing positive according to the definition in this policy will be terminated according to procedures established in the City Personnel Manual. The employee may appeal the decision using the grievance procedure established in the City Personnel Manual.