

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

Human Resources  
City of Scottsbluff  
1818 Avenue A  
Scottsbluff, NE 69361

**DO NOT FILL OUT AND SUBMIT ELECTRONICALLY.**

CITY OF SCOTTSBLUFF, NEBRASKA  
***JOB OPPORTUNITY***  
***School Crossing Guard/Alternate Crossing Guard***

**Description of the Job:**

The job of School Crossing Guard shall include supervising the safe crossing of pedestrians, children in particular, at crossing locations clearly marked as such and established by law. This is a part time job which lasts only while public schools are in session. This position is supervised by the Police Support Services Captain. The alternate Crossing Guard fills in at various crossing locations in the absence of the regular Crossing Guard.

**Essential Functions of the Job:**

Assist children in crossing busy intersections on the way to and from school.  
Give children verbal instructions regarding waiting for the School Crossing Guard and crossing properly.  
Be on duty approximately two hours a day during school hours in all types of weather.  
Observe and report accidents and conditions that are detrimental to safety of motorists or pedestrians, including violations of traffic laws and regulations.  
Prevent pedestrians from committing unsafe and unlawful acts.  
Inform motorists, through appropriate signals, that pedestrians are using, or about to use, the crosswalk and have the right to proceed.  
Encourage patterns of safe behavior by pedestrians when crossing and traffic way.

**Marginal Functions of the Job:**

Assist department in traffic counts when requested.  
Assist children at school crossing during the summer school program  
Assist the Police Department with traffic control, i.e. parades, when needed.  
Other related duties as assigned.

**Minimum Qualifications:**

Ability to relate well to children  
Must be dependable.  
Ability to think and move quickly.  
Ability to be forceful and tactful with the public, particularly students.

Hourly Salary: \$7.25

**A CITY APPLICATION FORM IS REQUIRED AND MAY BE OBTAINED AT CITY HALL, 1818 AVENUE A, SCOTTSBLUFF, NE 69361. APPLICATIONS FOR THIS POSITION WILL BE ACCEPTED UNTIL POSITIONS ARE FILLED.**

The City of Scottsbluff is an Equal Opportunity Employer. The city fully complies with the provisions of the Americans with Disabilities Act. Only United States citizens and aliens lawfully authorized to work in the United States will be hired. All new employees are required to complete a citizenship 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<br><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<br><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<br>If yes, give date: _____ What Department? _____  |             |                 |           |
| *Have you ever been convicted of a misdemeanor or felony in civilian or military courts? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Conviction will not necessarily disqualify an applicant from employment.)</i> |             |                 |           |
| Have you ever been dismissed from employment for misconduct, or have you ever resigned <input type="checkbox"/> Yes <input type="checkbox"/> No on request to avoid discharge? Please explain.   |             |                 |           |
| 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<br>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:<br>From _____ To _____   | Rank at Discharge:<br>Type of Discharge: _____ |
| Are You Claiming Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.**

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

**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) may 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: \_\_\_\_\_

**CITY OF SCOTTSLBUFF  
EMPLOYMENT REFERENCE CHECK**

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 # \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_ Phone Number \_\_\_\_\_

Most recent or current Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Employment \_\_\_\_\_

**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 will be considered a condition of employment with the City of Scottsbluff.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature