

Water Supply Operator (II)

The Papio-Missouri River Natural Resources District has a full-time opening for a Water Supply Operator (II) at the Blair Office. Responsible for daily upkeep, maintenance & operation of rural water supply systems. Must reside in Douglas or Washington County NE. Full-time/hourly. \$20-\$25.00/hr BOE. Full benefits.

For position requirements and application forms go to www.papionrd.org or apply in person at the District office, 8901 S. 154th St., Omaha; 402.444.6222x0. Application Deadline: 4pm, Friday, Aug. 6, 2021.

Drug testing/background check. EEO Employer/VET/Disabled.



The Papio-Missouri River Natural Resources District (referred to as the District) is a covered federal contractor or subcontractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), as amended, and Section 503 of the Rehabilitation Act of 1973, as amended. As such, the District is bound by the terms of VEVRAA and Section 503, and shall not discriminate against individuals with disabilities, and is committed to take affirmative action to employ and advance in employment protected veterans and individuals with disabilities.

The Papio-Missouri River Natural Resources District maintains an Affirmative Action Plan for the purpose of proactively seeking employment and advancement in employment of qualified protected veterans and individuals with disabilities. As an individual interested in employment with the District, or as one of the District's valued employees, the District welcomes the opportunity to make its employees and applicants more aware of the District's obligations and affirmative efforts. Upon request, the District will make accessible to you its Affirmative Action Plan for protected veterans and individuals with a disability. If you are interested, a copy of the District's Affirmative Action Plan is available electronically on the District's internet site at www.papionrd.org. Remote employees not physically located at the facility may access the Affirmative Action Plan through the intranet site location identified above, or may request a copy of the Affirmative Action Plan for review and return should no internet access be available.

**PAPIO-MISSOURI RIVER NATURAL RESOURCES DISTRICT
POSITION DESCRIPTION**

DATE: July 2021

POSITION TITLE: WATER SUPPLY OPERATOR (II)

POSITION DEFINITION/CLASSIFICATION - SALARY GRADE 5: Full Time/Hourly

NORMAL WORK SCHEDULE: Monday through Friday; 7:00 to 11:30 p.m.- noon to 3:30 p.m. with two 15-minute breaks or equivalent. A modified work schedule may apply.

OFFICE LOCATION: NRD office, Blair, NE, 68008

SUPERVISOR: Water Supply Superintendent

DESCRIPTION: Under direct supervision, employee is responsible for the daily upkeep, maintenance and operation of rural water supply systems.

SPECIFIC RESPONSIBILITIES:

1. Responsible for water monitoring requirements of the Safe Drinking Water Act and that of the Nebraska Dept. of Health and Human Services.
2. Reviews, evaluates and takes corrective action on problems that develop with operating both Washington County rural water supply systems.
3. Responsible for record keeping, ordering of supplies and materials.
4. Responsible for maintaining and keeping in good working order the supply and distribution network for both of the Washington County rural water systems and all aspects related to its operation.
5. Oversees the installations of new hookups.
6. Performs related work as required.
7. Responds at all hours to emergency situations and coordinates remedial actions.
8. Must reside either in Douglas or Washington County (Nebraska).

WORK REQUIREMENTS

Education and Experience:

1. Must have a minimum of high school education.
2. Must have one year of work-related experience, or one year of experience with natural resource district programs and projects.
3. Must obtain a valid water supply operator's license (Grade 4 or higher), necessary for the operation of assigned projects.
4. Must have knowledge of the basic principles of hydraulics, storage, delivery and protection of drinking water provided by water supply systems.
5. Must have knowledge of a variety of tools to operate simple mechanical maintenance and power equipment.
6. Must have a current driver's license valid in Nebraska with a good driving record.

Physical:

1. Pre-employment medical exam required (including drug testing).
2. Must have good or adjusted good eyesight for detailed work.
3. Must have full and complete use of both arms and hands.
4. Must be able to lift a minimum of forty (40) pounds.
5. Must be able to work under varying weather and job site conditions.

DIMENSIONS:

1. 90% of time spent on rural water system operation and maintenance activities.
2. 10% of time spent on miscellaneous assignments.

APPLICATION FOR EMPLOYMENT

Papio-Missouri River Natural Resources District

An Equal Opportunity Employer

Instructions: Please print all information and complete every party of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Positions applied for: (1) _____ (2) _____

Today's date: _____ Date you can start: _____

How did you learn about this job? _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Home Address: _____
City State Zip Code

Home Phone: (_____) _____ Other Phone: (_____) _____

Are you available: Full-time Part-time Temporary. Please describe any work schedule limitations: _____

Have you applied for a job with us before? No Yes (If yes, state date): _____

Have you been employed by us before? No Yes (If yes, state date and jobs): _____

Do you have relatives employed by us? No Yes, the following relatives: _____

Are you a citizen of the United States, or specifically authorized to be employed in the United States? Yes No

Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (you may omit dates for jobs held more than five years ago). May we contact your current employer? Yes No

1. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

2. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

3. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

EDUCATION AND TRAINING

Name and location of high school _____

Graduated? Yes No

Please list technical or trade school, college, and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subjects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ Dates of Service: _____

Discharge Date: _____ Honorable Discharge? Yes No

Note: A less than honorable discharge will not automatically disqualify you from employment.

REFERENCES

Please list three personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone (____) _____

How long known? _____ Occupation _____

2. Name _____ Phone (____) _____

How long known? _____ Occupation _____

3. Name _____ Phone (____) _____

How long known? _____ Occupation _____

Papio-Missouri River Natural Resources District

Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Papio-Missouri River Natural Resources District to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Papio-Missouri River Natural Resources District with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Papio-Missouri River Natural Resources District has the authority to make oral contracts of employment. If hired, my employment relationship with Papio-Missouri River Natural Resources District is terminable at-will, with or without cause, by either myself or Papio-Missouri River Natural Resources District.

I also understand that any offer of employment may be conditional upon my passing a pre-employment physical examination by a health care professional selected by Papio-Missouri River Natural Resources District, including drug/alcohol testing, to which I hereby consent.

I understand and agree to all the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date and Time

AM
PM

APPLICANT INFORMATION FORM

Date: _____ Position Applied for:

Print Full Name: _____

Papio-Missouri River Natural Resources District, is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law.

This information will be used strictly for statistical record-keeping purposes and will be kept confidential. Providing—or not providing—the gender/race/ethnic/veteran’s status information on this form will neither impact whether or not you are hired, nor will it affect your employment in any manner if you are hired. If you choose not to self-identify, you *must* select the declination box below to move forward with the application process. The person(s) making hiring and personnel decisions will not see this form.

I decline to self-identify.

SEX/GENDER: (Please check the appropriate response.)

Male

Female

RACE/ETHNIC GROUP: (Please check the race/ethnic groups with which you most identify.)

Hispanic or Latino

Asian (Not Hispanic or Latino)

White (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Papio-Missouri River Natural Resources District, is a federal contractor or subcontractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (“VEVRAA”), which requires federal contractors/subcontractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- (1) A “disabled veteran” is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - b. A person who was discharged or released from active duty because of a service-connected disability.
- (2) A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a federal contractor or subcontractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

- I identify as one or more of the classifications of protected veteran status listed above
- I am not a protected veteran
- I decline to self-identify

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____