

Field Office Program & Administrative Specialist
Blair, Nebraska

The District has an opening for a Field Office Program & Administrative Specialist. This is a full-time position, located in the Blair office. This individual will perform administrative and contract management duties to carry out projects and programs of the Papio NRD and Natural Resources Conservation Service. Successful candidates must have an associate degree or high school diploma with 3 years of administrative experience. Proficient use of Microsoft Office is required. Background in farming/agriculture with experience in ArcGIS is preferred. Starting salary is \$22.00-\$27.00/hour **with full benefits**.

For position requirements and application forms go to www.papionrd.org/contact/job-opportunities or contact Tracy Thompson at 402-444-6222. Return completed applications to the District office at 8901 S. 154th Street, Omaha, NE, 68138, in person, mail, or email to tthompson@papionrd.org. **Application deadline is 3:00 p.m., Thursday, April 17, 2025, or until position is filled.**

Drug/alcohol testing is required, and the successful candidate must be able to pass a federal background investigation. VET/Disabled Employer.

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

DATE: April, 2025

POSITION TITLE: FIELD OFFICE PROGRAM & ADMINISTRATIVE SPECIALIST

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

NORMAL WORK SCHEDULE: Monday through Friday; 8:00 a.m. to 12:00 p.m. -- 1:00 p.m. to 4:30 p.m. with two 15-minute breaks or equivalent. A modified work schedule may apply if approved by the Supervisor and General Manager.

OFFICE LOCATION: USDA Service Center - Blair Field Office

SUPERVISOR: Land and Water Programs Coordinator

DESCRIPTION: Performs technical, administrative and contract management duties associated with carrying out the projects and programs of the Papio-Missouri River Natural Resources District (P-MRNRD) and the Natural Resources Conservation Service (NRCS). District-wide contract tracking, budgeting, and annual payments for NRCS and NRD conservation contracts. Extensive knowledge of office procedures and proficient computer skills are required.

SPECIFIC RESPONSIBILITIES:

1. Provides administrative, clerical, and technical support to P-MRNRD and NRCS field office staff. Receives incoming telephone calls and visitors and refers customers to respective agency or independently handles requests to NRCS or P-MRNRD projects and programs.
2. Assists landowners with completion of Conservation Assistance Program (CAP) applications, approvals, and payments. Maintains field office CAP application, approvals, and payment budgetary tracking spreadsheets. Maintains Tree Program, Well Abandonment Program, Celebrate Trees Grant Program, and Wildlife Habitat Incentive Program (W.H.I.P.) projects. Prepares approvals and correspondence with landowners and P-MRNRD for cost-share payment estimates and final payment calculation when project is completed.
3. Assists landowners and Field Representatives with all aspects of Tree Planting Program and Celebrate Trees Grant, including distribution, completion of tree order forms, payments, cost share approval and year end tracking through the Conservation Tree Program.
4. Assists landowners with enrollment in the Well Abandonment Program including application process and site maps. Verifying abandonment of wells through Nebraska Department of Natural Resources and then processes payment requests for P-MRNRD. Prepares annual reimbursement requests and submits appropriate documentation to NSWCP for reimbursement of cost-share dollars District-wide.

5. Promotes P-MRNRD programs and events through print, radio, digital and social media resources, presentations for schools and community groups, coordination of booth/table at regional events.
6. Review requests for HEL/Wetland determination, ascertain type of request and upload them to District tracking register to complete request.
7. Maintains P-MRNRD and NRCS program/contract files, land/tract files, general administration files and personally identifiable information following federal and state policy guidelines.
8. Maintains tracing spreadsheet for all Conservation Assistance Program (CAP), Tree & Well, and WHIP approvals and payments made by all District offices. Prepares and disseminates monthly District Program Fund Summary reports.
9. Processes USDA Farm Service Agency Requests for farm reconstitutions. Revises, updates, and documents NRCS land tract numbers and files to reflect farm reconstitutions.
10. Coordinates ordering and delivery of supplies utilized by the NRCS field offices. Monitor's office supplies and postage and utilizes federal GSA system/vendors to order supplies as needed. Obtains bids when required by federal procurement guidelines. Prepares federal procurement requests, obtains approvals, and submits to NRCS state office for payment.
11. Must be willing to learn and utilize federal software programs and applications as needed or required by supervisor - including, but not limited to, ARC/GIS mapping program, Protracts application/contract management system.
12. Must be willing to learn and follow federal guidelines, policies and procedures relating to information security, procurement, confidentiality, vehicle and asset management, file organization and record retention.
13. May be required to assist with emergency operations work in accordance with emergency operations program.
14. Other duties as assigned.

WORK REQUIREMENTS:

Education and Experience:

1. Must have an associate degree OR a high school diploma with a minimum of three (3) years of secretarial or office management experience.
2. Ability to pass federal background check and obtain federal clearances (LincPass).
3. Must be proficient with Microsoft Office software programs and ability to use copier/printer, and other office equipment. Must have the ability to exercise good judgment and work independently. Attention to detail and good decision-making skills are also required.
4. Knowledge of agriculture and farming preferred.

Physical:

1. Pre-employment medical exam required (including drug testing).
2. Must have good or adjusted good eyesight for detailed work.
3. Must have use of arms and hands.
4. Must be able to lift a minimum of twenty (20) pounds.
5. Must have stable ability to react to pressure situations.

Special Condition:

The individual is administratively responsible to the District. The District will be responsible for conditions of employment, separation, promotion, and job assignments, fixing the range of duties and hours of work, range of pay and allowances, salary payment, employee grievances and other similar items associated with an employer-employee relationship.

DIMENSIONS:

1. 60% of time directed towards administration of programs.
2. 20% of time directed towards reception and general office duties.
3. 10% of time directed towards support of staff.
4. 10% of time directed toward education/outreach for District programs and events.

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: (_____) _____

EMAIL ADDRESS: _____

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: Field Office Program & Administrative Specialist

Print Full Name: _____

The Papio-Missouri River Natural Resources District is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of 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 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.

VETERANS:

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 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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: