

## Medium Equipment Operator

The Papio NRD has an opening for a Medium Equipment Operator. Position is located at the Omaha Office. Successful candidates must have valid driver's license and CDL operator's license, have two years of experience in ground maintenance, able to operate and repair grounds & light construction equipment. **Starting salary is \$25.00/hour BOE with full benefits.**

For position requirements and application forms go to [www.papionrd.org/contact/job-opportunities](http://www.papionrd.org/contact/job-opportunities) or contact Tracy Thompson at 402-444-6222. Return completed applications to the District office in person, by mail or email to [tthompson@papionrd.org](mailto:tthompson@papionrd.org). **Application deadline is 4:00 p.m., Tuesday, April 8, 2025.**

Drug & alcohol testing and background investigation is required for anyone selected for this position. VET/Disabled Employer.

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

**DATE:** March 2025

**POSITION TITLE:** MEDIUM EQUIPMENT OPERATOR

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

**NORMAL WORK SCHEDULE:** Monday through Friday 7:00 a.m. - 12:00 noon -12:30 p.m. 3:30 p.m. with two 15-minute breaks or equivalent. A modified schedule may apply if approved by the Supervisor and General Manager.

**OFFICE LOCATION:** Operations & Maintenance Headquarters

**SUPERVISOR:** Operations and Maintenance Superintendent

**DESCRIPTION:** Performs skilled work in the operation and maintenance of ground maintenance and light construction equipment. Work also involves semi-skilled and manual labor tasks.

**SPECIFIC RESPONSIBILITIES:**

1. Operates all types of grounds maintenance and light construction equipment in a workman like manner and in accordance with all applicable safety guidelines. This equipment includes farm tractor, mower, loader, rubber tire backhoe, lowboy, dump truck, and skid loader.
2. Operates on occasion heavy maintenance and light construction equipment.
3. Services and makes minor repairs to maintain equipment and vehicles. Reports major repair needs to supervisor and assists with repairs as requested.
4. Performs maintenance activities on District projects which include mowing, cutting and spraying trees and weeds, cleaning drainage structures, picking up and hauling debris, filling rodent holes, repairing erosion areas and seeding.
5. Assist in the repair and upkeep of shop tools and equipment.
6. Assists in routine maintenance of NRD buildings.
7. Performs manual labor in the construction and maintenance of District projects which includes repair and installation of drainage structures, fences, gates, etc.
8. May be required to direct job site activities.
9. Performs related work as required. May be required to assist with emergency operations work in accordance with emergency operations program.

## **WORK REQUIREMENTS:**

### **Education and Experience:**

1. Must have a current driver's license valid in Nebraska with a good record.
2. Must obtain a CDL operator's license valid in Nebraska and a City of Omaha operator's license within 90 days of employment and maintain both with a good record.
3. High school education or GED equivalent, plus two years experience in ground maintenance, farm or light construction equipment operation and repair.
4. Farm work experience and background in mechanics desirable.
5. Experienced in the operation, maintenance and use of ground maintenance and light construction equipment.
6. Must have computer skills, time sheets, e-mails, etc.

### **Physical:**

1. Pre-employment medical exam required (including drug testing).
2. Must pass DOT random drug testing exams.
3. Must have good or adjusted good eyesight for detailed work.
4. Must have use of hands, arms, legs, and feet for safe and efficient operation of equipment.
5. Must be able to lift a minimum of forty (40) pounds.
6. Must be able to work varied hours when requested, to include night time emergency operations as needed.
7. Must be able to perform strenuous equipment operation and manual labor under various weather conditions.

## **DIMENSIONS:**

10% of time spent on operating heavy construction equipment.

15% of time spent on servicing, maintaining and repairing equipment and vehicles.

20% of time spent on manual labor activities.

50% of time spent on operating grounds maintenance and light construction equipment.

5% of time spent on personnel matters/supervisory activities.

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: Medium Equipment Operator

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

Papio-Missouri River Natural Resources District, is an Equal Opportunity Employer and does not discriminate on 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

Applicant Information Form Pre-Offer

## Voluntary Self-Identification of Disability

Form CC-305  
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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](http://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: