

Papio-Missouri River Natural Resources District  
Land Steward

The District has an opening for two Land Stewards, located at Chalco Hills Rec Area. Employees will assist in everyday general park management and maintenance. One year's experience in park maintenance, recreation or related area preferred. Starting salary is \$18.00 – \$20.00/hr. BOE with **full benefits**.

For job requirements and application form 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). **These positions will remain open until filled.**

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



**PAPIO**  
MISSOURI RIVER  
NATURAL RESOURCES DISTRICT

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](http://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:** January 2024

**TITLE:** Land Steward

**POSITION DEFINITION/CLASSIFICATION-SALARY GRADE 2:** Full Time/Hourly

**NORMAL WORK SCHEDULE:** As arranged.

**OFFICE LOCATION:** 8901 S. 154<sup>th</sup> St., Omaha, NE

**SUPERVISOR'S TITLE:** Operation & Maintenance/Park Superintendent

**DESCRIPTION:** This employee will be assigned to multi-purpose park(s), trails network and water recreation areas and will assist the Operation & Maintenance/Park Superintendent and Assistant Park Superintendent in the everyday general park management and maintenance of the assigned area or areas.

**SPECIFIC RESPONSIBILITIES:**

1. Responsible for assisting in general maintenance and repair of a park and recreation area or areas, including (but not limited to) patrolling, mowing, raking, planting, snow removal, collecting and disposing of refuse, signing, cutting, pruning and watering.
2. Directs and coordinates work assignments for temporary and summer park staff as needed.
3. Responsible for the above items in the absence of the Assistant Park Superintendent.
4. Assists the Natural Resources Center Building Manager in their absence, must see that their duties and responsibilities are completed.
5. General maintenance and repair of equipment, buildings, grounds and facilities.
6. Operates light and medium duty equipment, i.e., tractors, front-end loaders, bobcat, mowers, etc.
7. Assists with special activities within the park, i.e., runs, walks and fund raisers, etc.
8. Performs related work as required.
9. May be required to assist with emergency operations work in accordance with emergency operations program.

## **WORK REQUIREMENTS:**

### **Education and Experience:**

1. A driver's license valid in Nebraska.
2. One year's experience in park maintenance, recreation or related area.
3. Good communication skills necessary for daily contact with park users.
4. High school education or GED equivalent.
5. Experienced in the operation, maintenance, service, repair (to include welding) and use of ground maintenance equipment desirable.
6. Must have computer skills, time sheets, emails, etc.

### **Physical:**

1. Pre-employment medical exam required (including drug testing).
2. Must have good or adjusted good eyesight.
3. Must have use of arms and legs for safe and efficient operation of equipment.
4. Must be able to lift a minimum of forty (40) pounds.
5. Must be able to work varied hours when requested, to include evening emergency operations as needed.
6. Must be able to work under varying weather and job site conditions.

### **Dimensions:**

1. 25% of time spent coordinating park and recreation maintenance activities
2. 65% of time spent working on park and maintenance activities
3. 5% of time spent on care and maintenance of park machinery and equipment
4. 5% of time spent on special activities related to park 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: \_\_\_\_\_

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

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

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

☐ Asian (Not Hispanic or Latino)

☐ American Indian or Alaskan Native (Not Hispanic or Latino)

☐ Two or More Races (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 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: