# City of Bridgeport, Nebraska Prairie Winds Community Center Building Assistant

The City of Bridgeport, Nebraska is seeking a highly qualified applicant for the full-time position of Building Assistant. Under the direction of the Operations Director the Community Center Building Assistant is responsible for helping with the maintenance, cleaning, repair, and alteration building and allied equipment at Prairie Winds Community Paid Vacation and Holidays, 401 Simple IRA, and employer paid health insurance are included with the benefits package. To obtain the position description and application contact City Hall at 809 Main Street (308.262.1623) or visit www.bridgeportne.gov. Salary negotiable depending on qualifications. Resumes applications will be accepted until the and position is filled. The City of Bridgeport is EOE and Veteran Preference.

# CITY OF BRIDGEPORT

Position Description

| Job Title  | Building Assistant                       | Department     | Community Center                |
|------------|--|----------------|---------------------------------|
| Reports To | Operations Director, Building Supervisor | FLSA Status    | Permanent; Full-Time Non-Exempt |
| Staff      | None                                     | Effective Date | January 19, 2016                |

#### **POSITION SUMMARY**

Under the direction of the Operations Director and the Building Supervisor, the Community Center Building Assistant is responsible for helping with the maintenance, cleaning, repair, and alteration of the building and allied equipment at Prairie Winds Community Center

#### **ESSENTIAL DUTIES AND RESPONSIBILITIES**

Duties include, but are not limited to the following:

- > Cleaning the locker rooms, exercise/fitness area, kitchen, senior room, and other assigned areas.
- > Assist PWCC staff with setting up and tearing down meeting rooms and program areas.
- Assist with minor construction or building alteration projects.
- Keep associated records and prepare reports.
- Coordinate and assist in coordinating building maintenance activities with other City departments, divisions and sections, the public and with outside agencies.
- > Inspect buildings for safety hazards, maintenance needs and disability access requirements.
- > Establish and maintain a cooperative working relationship with employees, members of other departments, other agencies and the general public.
- > Implement policy as established by the Operations Director, City Council and the City Administrator.
- > The Supervisor is considered a member of the Community Center management team and is responsible for assisting in meeting overall goals.
- Performs other duties as directed or as the situation dictates.
- > Due to the relative small size of City operations, the employee is expected to assist other departments in time of need or emergency.

#### SUPERVISORY RESPONSIBILITIES

The Building Assistant works under the general supervision of the Operations Director and the Building Supervisor.

#### **COMPETENCIES**

To perform the job successfully, an individual should demonstrate the following competencies:

#### **PROBLEM SOLVING**

Identifies problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Resolves problems in early stages; Works well in group problem solving situations.

#### **CONTINUOUS LEARNING**

Assesses own strengths and weaknesses; Seeks feedback to improve performance; Pursues training and development opportunities; Strives to continuously build knowledge and skills; Shares expertise with others.

#### **CUSTOMER SERVICE**

Displays courtesy and sensitivity; Manages difficult or emotional customer situations; Meets commitments; Responds promptly to customer

needs; Responds promptly to customer needs; Solicits customer feedback to improve service.

#### **TEAMWORK**

Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit; Puts success of team above own interests.

#### **ETHICS**

Treats people with respect; Keeps commitments; Inspires the trust of others; Works with integrity and ethically; Upholds organizational values.

#### **ORGANIZATION SUPPORT**

Follows policies and procedures; Completes administrative tasks correctly and on time; Supports organization's goals and values; Benefits organization through outside activities; Supports affirmative action and respects diversity.

#### JUDGMENT

Displays willingness to make decisions; Exhibits sound and accurate judgment; Supports and explains reasoning for decisions; Includes appropriate people in decision-making process; Makes timely decisions.

#### **MOTIVATION**

Sets and achieves challenging goals; Demonstrates persistence and overcomes obstacles; Measures self against standard of excellence; Recognizes and acts on opportunities; Takes calculated risks to accomplish goals.

#### CONFLICT RESOLUTION

Encourages open communications; Confronts difficult situations; Maintains objectivity; Keeps emotions under control; Uses negoitaion skills to resolve conflicts.

#### **QUALITY**

Demonstrates accuracy and thoroughness; Displays commitment to excellence; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

#### **SAFETY AND SECURITY**

Observes safety and security procedures; Determines appropriate action beyond guidelines; Uses equipment and materials properly; Reports potentially unsafe conditions.

#### **ADAPTABILITY**

Adapts to changes in the work environment; Manages competing demands; Accepts criticism and feedback; Changes approach or method to best fit the situation.

#### ATTENDANCE/PUNCTUALITY

Schedules time off in advance; Begins working on time; Keeps absences within guidelines; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

#### **DEPENDABILITY**

Responds to requests for service and assistance; Follows instructions, responds to management direction; Takes responsibility for own actions; Commits to doing the best job possible; Keeps commitments; Meets attendance and punctuality guidelines.

#### **INITIATIVE**

Volunteers readily; Undertakes self-development activities; Seeks increased responsibilities; Takes independent actions and calculated risks; Looks for and takes advantage of opportunities; Asks for and offers help when needed.

#### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

#### **EDUCATION AND EXPERIENCE:**

High school diploma or general education degree (GED); or one to three months related experience and/or training; or equivalent combination of education and experience.

# LANGUAGE SKILLS:

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

#### **MATHEMATICAL SKILLS:**

Ability to add and subtract two digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.

#### **REASONING ABILITY:**

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

#### **COMPUTER SKILLS:**

To perform this job successfully, an individual should have knowledge of Internet software.

#### **CERTIFICATES, LICENSES AND CERTIFICATIONS:**

Must have a valid driver's license and be able to obtain certification in CPR/First Aid.

#### **PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly required to stand; walk; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk or hear and taste or smell. The employee is occasionally required to sit. The employee must regularly lift and /or move up to 10 pounds, frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 50 pounds.

#### **WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the employee is regularly exposed to wet and/or humid conditions and toxic or caustic chemicals. The employee is occasionally exposed to moving mechanical parts; fumes or airborne particles and outside weather conditions. The noise level in the work environment is usually moderate.

# City of Bridgeport, Nebraska Application for Employment

The City of Bridgeport 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 in  | k. Fill in al  | l blanks co   | mpletel    | v.                                  |             |                      |       |                        |           |          |   |
|--|--|---------------|------------|-------------------------------------|-------------|----------------------|-------|------------------------|-----------|----------|---|
| Please print or write legibly in ink. Fill in all blanks completely.  POSITION APPLIED FOR:  |  |               |            |                                     |             | DATE OF APPLICATION: |       |                        |           |          |   |
|  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| Last Name  | ast Name First Name  |               |            |                                     |             | Middle Initial       |       |                        |           |          |   |
| Address  |  |               | City and   | Ctata                               |             |                      |       |                        | 7:        |          |   |
| Address:   | City and State   |               |            |                                     | Zip         |                      |       |                        |           |          |   |
| Telephone: Home  |  | Cell          |            |                                     |             | Work/Business        |       |                        |           |          |   |
| reiephone.   |  | Cell          |            |                                     |             | WONV DUSINGSS        |       |                        |           |          |   |
|  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| APPLICANT INFORMATION:  Do you have a valid driver's license [ ] Yes License No.   |  |               |            |                                     |             |                      | State |                        | Exp. date | 9        |   |
| Bo you have a valid driver o licerior  | [] No  |               | 000        | •                                   |             |                      |       | Julio                  |           | =xp: dut |   |
| Are you legally eligible to work in  | Are you legally eligible to work in the United States? [ ] Yes [ ] No                  |               |            |                                     |             |                      |       |                        |           |          |   |
| (Proof of citizenship or immigration   | n status wil   | I be require  | d upon e   | mploym                              | ent)        |                      |       |                        |           |          |   |
| *Have you ever been employed wit   | h the City   | of Bridgepo   | rt before  | ? [ ] Yes                           | [] No       |                      |       |                        |           |          |   |
| If yes, give date:   |  | partment?     |            |                                     |             |                      |       |                        |           |          |   |
| *Have you ever been convicted of   | a misdeme  | anor or felo  | ny in civi | lian or m                           | nilitary co | ourts?               | []    | /es [ ]                | No        |          |   |
| (Conviction will not necessarily d   | isqualify ar   | n applicant f | rom emp    | loyment                             | .)          |                      |       |                        |           |          |   |
| Have you ever been dismissed from  |  |               | conduct,   | or have                             | you eve     | r resigne            | ed [] | Yes [                  | ] No      |          |   |
| on request to avoid discharge? Please explain.   |  |               |            |                                     |             |                      |       |                        |           |          |   |
| Are you currently employed? [ ]  | Yes []   | No If yes,    | may we     | contact                             | your em     | ployer?              | []Yes | [ ] No                 | )         |          |   |
| Are you related to anyone employed by the City of Bridgeport? [ ] Yes [ ] No   |  |               |            |                                     |             |                      |       |                        |           |          |   |
| If yes, Name of relative: Department:  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| -  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| Date you can start:  | Date you can start: Salary Desired:  |               |            |                                     |             |                      |       |                        |           |          |   |
| EDUCATIONAL BACKGROUND:  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| EBOOATIONAL BACKGROONS.  | High S   | chool or GE   | ED         | Undergraduate<br>College/University |             |                      |       | Graduate/ Professional |           |          |   |
|  |  |               |            |                                     |             |                      | ty    |                        |           |          |   |
| School Name and Location   |  |               |            |                                     |             |                      |       |                        |           | •        |   |
| Years Completed  | 9 10   | ) 11          | 12         | 1                                   | 2           | 3                    | 4     | 1                      | 2         | 3        | 4 |
| Diploma/Degree   | 3 10   | , , , , ,     | 12         | '                                   |             | ] 3                  |       | '                      |           | 1 3      | - |
| Major and Minor Subjects   |  |               |            |                                     |             |                      |       |                        |           |          |   |
|  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| List Licenses, Professional Registration or other Recognition:   |  |               |            |                                     |             |                      |       |                        |           |          |   |
| List Special Skills or qualifications:   |  |               |            |                                     |             |                      |       |                        |           |          |   |
|  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| MILITARY: Complete this section  Branch of Service   | ete this section if you served in the U.S. Armed Forces:  Duties and special training: |               |            |                                     |             |                      |       |                        |           |          |   |
|  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| Period of Active Duty: Rank at Discharge:  |  |               |            |                                     |             |                      |       |                        |           |          |   |
| From To Type of Discharge:   |  |               |            |                                     |             |                      |       |                        |           |          |   |
| Are You Claiming Veteran's Preference? [ ] Yes [ ] No 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:  |  |               |            |                                     |             | Da                   | nto   |                        |           |          |   |

# **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.

| Name of Employer:  |                   | Dates Employed (M           | Ionth & Year)   | Salary Ra              | Salary Rate:    |  |  |
|--|-------------------|-----------------------------|-----------------|------------------------|-----------------|--|--|
|  |                   | From: To:                   | Total:          | Starting:              | End:            |  |  |
| Address:   |                   | Name of Supervisor:         |                 | Your Position:         |                 |  |  |
| City State   | Zip               | Describe your duties:       |                 |                        |                 |  |  |
| Telephone Number:  |                   |                             |                 |                        |                 |  |  |
| Reason for Leaving:  |                   |                             |                 |                        |                 |  |  |
|  |                   | •                           |                 |                        |                 |  |  |
| Name of Employer:  |                   | Dates Employed (M           | Ionth & Year)   | Salary Ra              | ate:            |  |  |
|  |                   | From: To:                   | Total:          | Starting:              | End:            |  |  |
| Address:   |                   | Name of Supervisor:         |                 | Your Position:         |                 |  |  |
| City State   | Zip               | Describe your duties:       |                 |                        |                 |  |  |
| Telephone Number:  |                   |                             |                 |                        |                 |  |  |
| Reason for Leaving:  |                   |                             |                 |                        |                 |  |  |
|  |                   |                             |                 |                        |                 |  |  |
| Name of Employer:  |                   | Dates Employed (M           | Ionth & Year)   | Salary Ra              | ate:            |  |  |
|  |                   | From: To:                   | Total:          | Starting:              | End:            |  |  |
| Address:   |                   | Name of Supervisor:         |                 | Your Position:         |                 |  |  |
| City State   | Zip               | Describe your duties:       |                 |                        |                 |  |  |
| Telephone Number:  |                   |                             |                 |                        |                 |  |  |
| Reason for Leaving:  |                   |                             |                 |                        |                 |  |  |
|  |                   | 1                           |                 |                        |                 |  |  |
| Name of Employer:  |                   | Dates Employed (N           | Ionth & Year)   | Salary Ra              | Salary Rate:    |  |  |
|  |                   | From: To:                   | Total:          | Starting:              | End:            |  |  |
| Address:   |                   | Name of Supervisor:         |                 | Your Position:         |                 |  |  |
| City State   | Zip               | Describe your duties:       |                 |                        |                 |  |  |
| Telephone Number:  |                   |                             |                 |                        |                 |  |  |
| Reason for Leaving:  |                   |                             |                 |                        |                 |  |  |
|  |                   |                             |                 |                        |                 |  |  |
| REFERENCES: List three refe  | rences who are    | neither related to you no   | r a former emp  | lover.                 |                 |  |  |
| Name   | are               | Address (City, State, Zip)  |                 | Telephone Number       | Years Known     |  |  |
|  |                   |                             |                 |                        |                 |  |  |
|  |                   |                             |                 |                        |                 |  |  |
|  |                   |                             |                 |                        |                 |  |  |
| ABBU 10 41-12 CT /   | <u> </u>          |                             |                 |                        |                 |  |  |
| 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, inc  | luding but not li | mited to all statements co  | ontained in the | application for employ | ment as may     |  |  |
| be necessary in arriving at an that false or misleading inform   | nation given in I | my application or interview | w(s) may result | in discharge. I under  | stand that if I |  |  |

Date:\_

Revised 9/10

Signed:

Personnel Manual.

# FAIR CREDIT REPORT ACT DISCLOSURE & AUTHORIZATION

# **DISCLOSURE**

As an applicant for employment or a current employee of the City of Bridgeport, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exits, the City of Bridgeport may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision to offer you employment, (3) when deciding whether to continue your employment (if you are hired), or (4) when making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the City of Bridgeport.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with other with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigative requested as well as a written summary of your rights under the Fair Credit Reporting Act.

| AUTHORIZATION        |      |  |  |  |  |  |  |
|----------------------|------|--|--|--|--|--|--|
| By signing below, I, |      |  |  |  |  |  |  |
| Name                 | Date |  |  |  |  |  |  |

# CITY OF RRIDGEPORT

| EMPLOYMENT REFERENCE CHECK   |                        |               |  |  |  |  |
|--|------------------------|---------------|--|--|--|--|
| I authorize the City of Bridgeport to check previous employment and/or personal references listed on my application and/or resume. I also give my consent to the City of Bridgeport 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 (Including maiden name)  | _ Address              | Date          |  |  |  |  |
| (Including maiden name)  Social Security #   | Phone Number           |               |  |  |  |  |
| Supervisor's Name  | Title                  |               |  |  |  |  |
| Date of Employment   |                        |               |  |  |  |  |
|  |                        |               |  |  |  |  |
| ANTI-DRUG PLAN ACKNOWLEDGEMENT   |                        |               |  |  |  |  |
| I 1 '4 4 NEDDACKA DDUG EDEE W  | ODIZ DI A CE A CE CAOO | 141 C'4 CD 11 |  |  |  |  |

In accordance with the NEBRASKA DRUG FREE WORK PLACE ACT of 1988, and the City of Bridgeport's Anti-Drug Plan, the City of Bridgeport has instituted a drug testing program. The City of Bridgeport 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 Bridgeport'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 Bridgeport.

| Date | Signature |
|------|-----------|