



Please submit a completed application by email, mail, fax, or in person.

Human Resources
City of Scottsbluff
2525 Circle Dr.
Scottsbluff, NE 69361

ckite@scottsbluff.org

Fax: 308-630-6294

Phone: 308-630-6211

DEADLINE – Open until Filled

JOB OPPORTUNITY
CITY OF SCOTTSBLUFF, NEBRASKA
Compliance Officer

Description of the Job:

The Compliance Officer shall perform enforcement procedures related to vegetation, sidewalks, fences, refuse, nuisances, alleys, obstructions, public trees, animal control, abandoned vehicles and trailers, and other City ordinances. This work involves on site inspection and reporting of all violations and investigations of citizen complaints including personal contact with property owners and residents. The goal of this enforcement program is to secure voluntary compliance with codes by citizens through direct contact and distribution of information regarding regulations. When necessary the Compliance Officer may issue written notices of violations and assist in the prosecution of any and all general maintenance and property code violations. All tasks performed by the Compliance Officer will be done under the supervision of the Chief of Police.

Essential Functions of the Job:

- Enforcement of City codes, investigate complaints of possible City code violations and proactively making field inspections as required to ascertain compliance;
- Proactively patrol the city to identify code violations;
- Capture, transport and impound any stray or rabid animal;
- Investigate and report animal bites and cases of animal abuse;
- Assist in the preparation of information for the prosecution of code violations;
- Prepare and deliver written notices of violation under the supervision of the Chief of Police;
- Receive and handle telephone calls, complaints, etc. from owners and residents;
- Maintain complete and accurate records and prepare daily reports of all inspections and citizens contacts;
- Conduct research to determine owners and/or residents of property which had been identified as the site of a possible code violation;
- Conduct a sidewalk, curb and gutter assessment, contact property owners and send notices outlining necessary corrections;
- Maintain organized digital files of all sidewalks; curb and gutter assessments utilizing the departments records management system;
- Assist with maintenance of evidence;
- Assist with additional public safety reports and clerical duties as directed by supervisor;
- Participate in training programs as required;
- Regular attendance and punctuality required;
- Assist with related duties in cooperation with any division or department as assigned.

Knowledge, Skills, and Abilities:

- Ability to establish and maintain an effective working relationship with City officials, City employees and the general public;
- Proven ability to maintain confidentiality of work related information in a professional manner;
- Ability to read City maps;

Ability to deal with stressful situations involving the need to make discretionary decisions

based on information at hand;

Ability to follow oral and written directions;

Ability to work with minimal supervision;

Ability to learn computer applications;

Ability to hear, talk, walk significant distances, bend, stoop, stand, sit, ride and kneel;

Ability to operate general office equipment, such as photocopier, scanner, voice mail systems and personal computers, and lift or move 50 lbs by self;

Ability to perform repetitive motion (keystroke) for prolonged periods;

Ability to travel from site to site; working in inclement weather.

Minimum Qualifications:

High school graduate or equivalent;

Valid Nebraska Operator's License;

Must have computer/word processor experience and be able to prepare and file his or her own correspondence.

Preferred Qualifications:

Knowledge of City codes and ordinances;

Good written and oral communication skills;

Knowledge of and experience with global positioning systems and geographic information systems;

Knowledge of and demonstrated skill in the use of Microsoft Windows-based word processing, database management and spreadsheet software and/or GIS software.

This job description is intended to describe the general nature and level of work to be performed by employees assigned to this classification and is not intended to be construed as an exhaustive list of all responsibilities, duties and skills of personnel so classified.

Hourly Rate: \$19.29 - \$25.84

CITY APPLICATION FORM REQUIRED AND MAY BE OBTAINED AT www.scottsbluff.org OR AT CITY HALL, 2525 CIRCLE DR., SCOTTSBLUFF, NE 69361. APPLICATIONS WILL BE ACCEPTED UNTIL POSITION IS FILLED.

An Equal Opportunity Employer, no discrimination on the basis of disability, only U.S. citizens and aliens authorized to work in the United States will be hired and all employees are required to complete a verification form.

To be eligible to claim Veteran's Preference under the provisions of Section 48-225 through 48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD 214) at the time of filing this application.



Employment Application

Employees of City of Scottsbluff and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, age, veteran status, or any other legally protected status.

Please print or write legibly in ink. Fill in all blanks completely.

POSITION APPLIED FOR:		DATE OF APPLICATION	
LAST NAME		FIRST NAME	MI
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER		E-MAIL ADDRESS	
VALID DRIVER'S LICENSE	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	State Exp Date
Legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment.)</i>			
Have you been employed with the City of Scottsbluff? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Position Held: _____			
Are you related to anyone employed by the City of Scottsbluff? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Department: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Available to Start:		Desired Salary:	
Have you ever been dismissed from employment for misconduct or have you ever resigned on request to avoid discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____			
<u>EDUCATION</u>	High School or GED	Undergraduate College/University	Graduate/Professional
School Name/Location			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree			
Major/Minor Subjects			
List Licenses, Professional, Registration, other Recognition:			
List Special Skills or Qualifications:			
<u>Military</u> : Branch of Service:		Duties/Special Training:	
Period of Active Duty:		Rank at Discharge:	Type of Discharge:
Are you claiming Veterans Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a copy of honorable discharge papers (Form DD214) must be attached to this application. Veterans Preference only applies when a qualified candidate obtains passing scores on all parts and phases of examinations/interviews.</i>			

Employment Experience – Start with your present or most recent position including any military service and complete the below information fully. If you need additional space, please continue on a separate sheet of paper

Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____	Hourly/Salary Rate: Starting: _____ End: _____
Job Title:	Describe your duties:	
Supervisor:		
Address:		
Phone:		
Reason for Leaving:		

Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____	Hourly/Salary Rate: Starting: _____ End: _____
Job Title:	Describe your duties:	
Supervisor:		
Address:		
Phone:		
Reason for Leaving:		

Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____	Hourly/Salary Rate: Starting: _____ End: _____
Job Title:	Describe your duties:	
Supervisor:		
Address:		
Phone:		
Reason for Leaving:		

REFERENCES: List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Phone	Years Known

EMPLOYEE CONSENT - I, _____ hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Scottsbluff.

Signature: _____

Date: _____

APPLICANT'S STATEMENT (Read Carefully)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation, including but not limited to all statements contained in the application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application. I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand that if I am hired, my employment is at will, and I can be terminated according to the provisions of the City of Scottsbluff's Personnel manual.

Signature: _____

Date: _____

For City use only!

This application was received by: _____ Date _____



ANTI-DRUG PLAN

In accordance with the NEBRASKA DRUG FREE WORK PLACE ACT of 1988, and the City of Scottsbluff’s Anti-Drug Plan, the City of Scottsbluff has instituted a drug testing program. The City of Scottsbluff has reviewed the legal, operational, social, medical and ethical aspects of instituting this program. I understand the manufacture, distribution, possession, use, sale, transfer, purchase, and transport of illegal drugs will be considered a violation of the City of Scottsbluff’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 heard, and understand the content of the above Anti-Drug Plan. I understand that compliance with the Anti-Drug Plan will be considered a condition of employment with the City of Scottsbluff.

Signature: _____ Date: _____

EMPLOYMENT REFERENCE CHECK

Disclosure Pursuant to the Fair Credit Reporting Act: The City of Scottsbluff may obtain a Consumer Report about you for employment purposes. The Consumer Report may contain information about you including but not limited to the information set forth below. A summary of Your Rights Under the Fair Credit Reporting Act is attached.

I, _____ authorize the City of Scottsbluff to check previous employment and/or personal references listed on my application and/or resume. I also give my consent the City of Scottsbluff to obtain the following:

- Records of educational institutions that I have attended.
- Driving record and civil/criminal history.
- 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/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.

Name (Including Maiden Name): _____ Social Security Number: _____

Address: _____ Phone: _____

Most Recent/Current Employer: _____ Date of Employment: _____

Supervisor’s Name: _____ Job Title: _____ Phone: _____

Signature: _____ Date: _____

CITY OF SCOTTBLUFF

RECRUITMENT INFORMATION FORM

NAME: _____

FOR THE POSITION OF: COMPLIANCE OFFICER

Please provide written responses to the following questions and attach to the completed application for employment.

Are you able to perform the essential functions of the job as listed on the attached Job Opportunity form?
YES NO

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

1. After reading the job description that is attached to this application form, please list any experience(s) that you have that will help you perform the duties of this position.

2. Explain your computer skills and what programs you have worked with – be specific.

3. Describe your organizational skills.

4. Do you consider yourself a team player? Explain and provide examples.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051