

Cheyenne County, Nebraska is accepting applications for the position of Highway Superintendent. The Superintendent serves as steward of the County's 1,200 miles of roads, which are mostly unpaved. He or she will prepare and manage a budget of approximately \$3.8 million and manage a staff of about twenty. The Superintendent is hired by and reports to the Cheyenne County Board of Commissioners. The job requires good listening skills, patience, and diplomacy as well as fiscal and engineering skills and high tolerance for paperwork. This is a salaried management position that sometimes requires long hours and vigorous physical activity in harsh working conditions. This position is subject to Veteran's Preference as required by law. Cheyenne County is an Equal Employment Opportunity Employer (EEOE) and invites applicants with disabilities to contact the Cheyenne County Clerk for necessary accommodations in the application process. Applications will be accepted until March 13, 2026. Finalists will be interviewed during a public meeting of the Cheyenne County Board of Commissioners and employment will be subject to approval by the Cheyenne County Board of Commissioners.

Applications and job descriptions are available at the Cheyenne County Clerk's Office, Cheyenne County Courthouse, 1000 10th Avenue, Sidney, Nebraska 69162 and at the County website <https://cheyennecounty.nebraska.gov/jobs>

Position Details:

- Full-Time Position. Exempt employee within the meaning of the Fair Labor Standards Act (FLSA).
- Compensation: \$50,000-\$70,000 annually.
- Benefits: Health Insurance (with optional family coverage), Life Insurance, County Retirement, Sick Leave, and Vacation Leave.
- Reside in Cheyenne County before starting employment. Maintain residence in Cheyenne County during employment.
- Education: High school Diploma or equivalent.
- Experience: Any combination of training and experience in maintenance, construction, or engineering work involved in public works or roads.
- Must have State of Nebraska required certification or licensure as a County Highway Superintendent.
- Minimum Class B license required.
- Must pass a detailed background check.

CHEYENNE COUNTY
COUNTY HIGHWAY SUPERINTENDENT

NATURE OF WORK

Administrative and professional engineering work directing all activities of the County Road Department.

Work involves responsibility for organizing, directing, and coordinating the activities of the Road Department. The Superintendent is responsible for determining departmental policies, planning long-term programs, and developing and monitoring the budget. Must comply with all applicable state statutes, including Article 15 of Chapter 39 and Article 31 of Chapter 23 of the Nebraska Statutes. Work is reviewed by the Board of County Commissioners from results achieved and success in meeting goals and objectives.

EXAMPLES OF WORK PERFORMED

Confer with and advise staff on problems relating to the design, construction, and maintenance of flood control drains, roads, bridges; conduct field inspections of roads; approve press releases and related communications; respond to public complaints and legislative issues concerning the activities of the Road Department; attend meetings and conferences and participate on committees and advisory boards as appropriate.

Prepare One and Six Year reports and Annual Report for Lodgepole, Dalton and Gurley.

Conduct inspections of all railroad crossings.

Direct and participate in long range planning activities for the Road Department; review usage and growth trends; develop proposed cost projections for new and expanded roads; investigate methods to reduce costs and finance future growth; formulate policies and procedures based on long range plans and stated goals and objectives; prepare and present annual budget for managed programs to the Board of County Commissioners; monitor and evaluate budgetary expenditures and compliance.

Provide technical advice to the other County departments and Board of Commissioners concerning county roads, programs and operations; confer with representatives of federal, state, county, and local agencies on road issues and activities.

Oversee all personnel activities including hiring, evaluating, and disciplining employees; review and take appropriate personnel action pertaining to promotions, merit increases, or salary increases; review and approve payroll, and confer with the Board of Commissioners on major purchases.

DESIRABLE KNOWLEDGE AND ABILITIES

Knowledge of the modern principles and practices of administration as applied to the design, construction, and maintenance of county roads.

Knowledge of the principles and practices of civil engineering as applied to the development and management of county roads.

Knowledge of the materials, methods, and techniques applied to the construction, maintenance, and operation of county roads.

Knowledge of public budgeting principles and methods, and budget administration.

Ability to organize, direct, and coordinate the activities of the Road Department.

Ability to develop long term plans and programs, enact major policy decisions, and solve complex technical and administrative problems.

Ability to establish and maintain satisfactory relationships with government officials, community representatives, employees, and the general public.

Ability to communicate ideas and formulate action plans effectively both orally and in writing.

DESIRABLE TRAINING AND EXPERIENCE

Graduation from an accredited four year college or university with major coursework in civil engineering and some experience in developing, coordinating, or supervising road department programs or equivalent combination of training and experience that provides the desirable knowledge and abilities.

NECESSARY SPECIAL REQUIREMENTS

Possess a valid State of Nebraska driver's license.

Possess a State of Nebraska Highway Superintendent license.

SPECIAL REQUIREMENTS

Will be required to attend and pass NIMS (National Incident Management System) training.

Cheyenne County, Nebraska is accepting applications for the position of Highway Superintendent. The Superintendent serves as steward of the County's 1,200 miles of roads, which are mostly unpaved. He or she will prepare and manage a budget of approximately \$3.8 million and manage a staff of about twenty. The Superintendent is hired by and reports to the Cheyenne County Board of Commissioners. The job requires good listening skills, patience, and diplomacy as well as fiscal and engineering skills and high tolerance for paperwork. This is a salaried management position that sometimes requires long hours and vigorous physical activity in harsh working conditions. This position is subject to Veteran's Preference as required by law. Cheyenne County is an Equal Employment Opportunity Employer (EEOE) and invites applicants with disabilities to contact the Cheyenne County Attorney for necessary accommodations in the application process. Applications will be accepted until the position is filled. Finalists will be interviewed during a public meeting of the Cheyenne County Board of Commissioners and employment will be subject to approval by the Cheyenne County Board of Commissioners.

Applications and job descriptions are available at the Cheyenne County Clerk's Office, Cheyenne County Courthouse, 1000 10th Avenue, Sidney, Nebraska 69162 and at the County website <https://www.cheyennecountyne.net/>

Position Details:

- Full-Time Position. Exempt employee within the meaning of the Fair Labor Standards Act (FLSA).
- Compensation: \$50,000-\$70,000 annually.
- Benefits: Health Insurance (with optional family coverage), Life Insurance, County Retirement, Sick Leave, and Vacation Leave.
- Reside in Cheyenne County before starting employment. Maintain residence in Cheyenne County during employment.
- Education: High school Diploma or equivalent.
- Experience: Any combination of training and experience in maintenance, construction, or engineering work involved in public works or roads.
- Must have State of Nebraska required certification or licensure as a County Highway Superintendent.
- Minimum Class B license required.
- Must pass a detailed background check.

CHEYENNE COUNTY
An Equal Opportunity Employer
Application for Employment
(Drivers Only)

This application is good for 30 days or until the position is filled.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital status, pregnancy, military status, gender identity, sexual orientation, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, if required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(PLEASE PRINT)

Full Name (Last) _____ (First) _____ (Full Middle) _____

Address _____ (How Long) _____
Street City State Zip Code

ADDRESSES FOR PAST THREE YEARS

_____ (How Long) _____

_____ (How Long) _____

_____ (How Long) _____

Current Telephone Number: _____

Social Security Number: _____ Date of Birth (Required by DOT regulations): _____

Have you filed an application with our County before? Yes No

If yes, give date: _____ Department: _____

Have you ever been employed with our County before? Yes No

If yes, give date: _____ Department: _____

How did you learn of the job you applied for? (Be specific as to source.) _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you legally authorized to work in the United States? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the United States Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work Full-Time Part-Time Seasonal Summer Only Temporary

What days? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you on a layoff and subject to recall? Yes No

Would you be willing to work out of town? Yes No

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference? Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

EDUCATION

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	High School	Tech School	College/University
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

The information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information as required by 49 C.F.R. § 391.23 (d) and (e). You may have certain due process rights as specified in 49 C.F.R. § 391.23(l) regarding certain information received as a result of these investigations, including: (i) the right to review information provided by previous employers; (ii) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and (iii) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. To review this information, you must make a written request within the time frame set forth in 49 C.F.R. § 391.23(l).

Employer	Dates Employed		Describe Work Performed
Address	From	To	Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			

Job Title	Hourly Rate/Salary Starting/Final		<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

Reason for Leaving	Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

Employer	Dates Employed		Describe Work Performed
Address	From	To	Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Describe Work Performed
Address	From	To	Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

TRUCK DRIVING EXPERIENCE			
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To	Approximate Number of Miles/Hours
Straight Truck			
Tractor and Semi-Trailer			
Material Handling Equipment			

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, where? _____ When? _____

Why? _____

Is your license to drive suspended or revoked at this time, in any state? Yes No

OTHER

Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?

Yes No

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

APPLICANT'S STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.

I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.

I understand that should I be determined to meet the minimum employment qualifications for the position(s) for which I am applying, the County will ask me to submit additional responses to questions regarding (1) prior convictions for alcohol or drug related crimes or traffic offenses, including whether such prior convictions involved the use of a vehicle and (2) any currently pending alcohol or drug related charges or arrests that have not yet been fully resolved or disposed of, including whether such charge or arrest involved the use of a vehicle.

I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose of investigating my safety performance history as required by DOT regulations. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this County against any liability that might result from making such investigation. Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest as the County deems appropriate.

Signature of Applicant

Date

Cheyenne County

An Equal Opportunity Employer

**Supplemental Application for Employment
(Drivers Only)**

This form is to be completed only AFTER the County has determined the Applicant meets the minimum qualifications for the position(s) for which the Applicant is applying.

This application is good for 30 days or until the position is filled.

Have you EVER been convicted for any alcohol-related crime or traffic offense?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: Personal Commercial

Yes No

If yes, what charge? _____

Have you EVER been convicted for any drug-related crime or traffic offense?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: Personal Commercial

Yes No

If yes, what charge? _____

Do you have any currently pending alcohol-related or drug-related charges or arrests that have not yet been fully resolved or disposed of?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: Personal Commercial

Yes No

If yes, what charge? _____

Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered. If there is additional information that you believe the County should consider in evaluating the responses above, please submit such additional information in writing along with this form and the Applicant's Supplemental Statement.

APPLICANT'S SUPPLEMENTAL STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.

I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.

I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose of investigating my safety performance history as required by DOT regulations. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this County against any liability that might result from making such investigation. Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest as the County deems appropriate.

Signature of Applicant

Date

D.O.T. RELEASE OF INFORMATION FORM

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT regulated testing items:

- 1. Alcohol test with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A. New Employer Name: _____

Address: _____

Phone # _____ Fax# _____

Designated Employer Representative: _____

I-B. Previous Employer Name: _____

Address: _____

Phone # _____

Designated Employer Representative: (if known) _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested: Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered "Yes" to any of the above items, did the employee complete the return to duty process? N/A Yes No

NOTE: If you answered "Yes" to item 5, you must provide the previous employer's report. If you answered "Yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

II-B. Name of person providing information in Section II-A: _____

Title: _____

Phone # _____

Date: _____