

ADAMS COUNTY SHERIFF'S DEPARTMENT

Adams County Court House • 500 West 4th St., Ste 126

Hastings, Nebraska 68901

Phone: (402) 461-7181 • Fax: (402) 461-7270

TDD (402) 462-2600

JOHN RUST
Sheriff

KEVIN MAUCK
Chief Deputy

POSITION DESCRIPTION Jail Kitchen Cook FLSA Status: Non-Exempt EEO Category: Occupational	September 21, 2021 Reports to: Adams County Jail Administrator
POSITION PROFILE Under supervision of Jail Administrator, coordinates the preparation of nutritional meals; prepares, and cooks for Adams County inmates. Responsible for security, sanitation, and maintenance of the kitchen and equipment.	
GOALS <ul style="list-style-type: none">• To prepare, plan balance menus.• To be fiscally responsible and accountable.	
ESSENTIAL FUNCTIONS <ul style="list-style-type: none">• Supervises operation and use of a variety of kitchen and cooking equipment such as blenders, food choppers, mixers, grinders, slicers, knives, craters, fryers, stoves, ovens, grills, and steam tables.• Follows departmental policies and procedures.• Plans and prepares balanced meals from approved menus.• Plans cooking schedules so that the food will be ready at specified times.• Records meal counts.• Cleans kitchen including freezer, oven, storage room, etc.• Checks and receives weekly food delivery.• Supervises the measuring, cutting, and mixing of food quantities.• Checks for storage of food at proper temperature and refrigeration.• Supervises cleaning and sanitizing of kitchen equipment, counters, and appliances.• Subject to shift adjustment as needed.• Performs related duties as business necessitates.	

EDUCATION AND EXPERIENCE

- High school Diploma or equivalent; one year experience in professional food service industry.
- Read and Interpret Material Safety Data Sheets (MSDS)

LICENSE AND CERTIFICATION

- Must have a current and valid Nebraska Driver License; and
- Must be able to successful pass a criminal background investigation

SKILLS/ABILITIES

- Knowledge of food preparation techniques.
- Knowledge of food service sanitation, food storage, and inventory procedures.
- Ability to operate all kitchen equipment, ovens and food processing or other machines safely.
- Ability to detect hazards and correct problems to ensure a safe working environment.
- Ability to communicate effectively verbally and in writing.
- Ability to read and accurately interpret measurements and recipes.
- Ability to read and take appropriate action with exposure to chemicals.

PERFORMANCE MEASUREMENTS

- Responsible to meet all expectations of the essential functions and perform the required skills and abilities.

LANGUAGE SKILLS

- Must be able to write clearly and concisely and have a good command of the English language.
- Must be able to read and understand State and Federal regulations governing food service and preparation.

REASONING ABILITY

- Ability to apply common sense to carry out instructions furnished in written or oral communications.

PHYSICAL REQUIREMENTS

- Working environment is based in an industrial kitchen where exposure to extreme temperatures, tight spaces, slippery floors, moving mechanical parts, sharp kitchen utensils, moderate to high noise levels and cleaning compounds is constant.
- While performing the duties of this job, the employee is regularly required to stand; sit; walk; talk or hear; use hands to finger, handle, feel or operate objects, tools, or controls; and reach with hands and arms. The employee is occasionally required to climb or balance; stoop, kneel, crouch.
- The employee must occasionally lift and/or move up to 25 pounds.
- Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

ADA STATEMENT

- Ability to perform the essential functions of this position with or without reasonable accommodation.

DISCLAIMER: The above statements describe the general nature, level, and type of work performed by the incumbent assigned to this classification. They are not intended to be an exhaustive list of all responsibilities, demands, and skills required of personnel so classified. Job descriptions are not intended to and do not imply or create any employment, compensation, or contract rights to any person or persons. Management reserves the right to add, delete, or modify any and/or all provisions of this description at any time as needed without notice. This job description supersedes earlier versions.

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The Sheriff's Office of Adams County, Nebraska, will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. The County of Adams is an EEO/AA/Veteran's Preference Employer.

PERSONAL

Date: _____

Pease check the position(s) desired:

- Deputy Sheriff*
- Correction/Communications Officer *
- Clerical/Records Clerk
- Other _____

** Must be at least 21 years of age and must have a high school education or equivalent.*

How did you learn about this position?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> In-House Advertisement	<input type="checkbox"/> Other _____
First Name	Middle Name	Last Name
Current Street Address	City	State Zip
Former Addresses:		
Telephone Number(s) (Home) (Work) (Cell)	Driver's License No. Issued by State of:	
Email address:		

Are you a citizen of the United States? Yes No

Date you would be available to begin work: _____

Have you ever been employed by the County before? Yes No

If yes, what department and when? _____

Have you ever applied for a position with Adams County before? Yes No

If yes, list date and Department: _____

ADAMS COUNTY SHERIFF'S OFFICE APPLICATION

Are you related to any County employee? Yes No If yes, name of
 relative: _____ Relationship: _____ Department: _____

**ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CONSIDERATION FOR
 DEPUTY SHERIFF OR CORRECTIONS OFFICER.**

Please review each criterion and initial by each criterion which applies to you.

<input type="checkbox"/> I am already a certified law enforcement officer in Nebraska	<input type="checkbox"/> I am already a certified corrections officer in Nebraska	<input type="checkbox"/> My license is active and in good standing
<input type="checkbox"/> I understand that there are certain factors which make me ineligible for employment for this position.	<input type="checkbox"/> I have reviewed the full job description for this position.	(See: https://nletc.nebraska.gov/admissions.html for specific admissions criteria)
<input type="checkbox"/> I am at least 21 years of age. <input type="checkbox"/> I am a citizen of the United States <input type="checkbox"/> I have a high school diploma or GED. <input type="checkbox"/> I have a valid Nebraska driver's license. <input type="checkbox"/> I am able to read, write, and understand the English language. <input type="checkbox"/> I believe I possess good character and a thorough background investigation will confirm my good character. <input type="checkbox"/> I believe a background investigation will show I do not have a past indicative of incompetence, neglect of duty, or of physical, mental, or emotional incapacity. <input type="checkbox"/> I do not have a criminal history which shows a pattern of violations indicating I disrespect the law or rights of others. <input type="checkbox"/> I have not received traffic violations in the last three years with such frequency as to indicate I disrespect traffic laws and disregard the safety of others.	<input type="checkbox"/> I have not been convicted (or pardoned) of a felony, a Nebraska class I misdemeanor, or a crime in any other jurisdiction punishable by imprisonment up to one year in prison, regardless of the sentence actually received. <input type="checkbox"/> I have not been convicted of DUI/DWI in the last two years. <input type="checkbox"/> I have not received a punitive discharge from the United States Armed Forces <input type="checkbox"/> I have not been denied law enforcement certification status, had certification revoked, nor am I currently suspended in this State or another jurisdiction. <input type="checkbox"/> I have not been convicted of any crime involving the threat or actual use of physical violence that would constitute a Class I misdemeanor in Nebraska.	<input type="checkbox"/> I have not been convicted of any crime involving the threat of or actual sexual assault or abuse. <input type="checkbox"/> I have never been convicted of any crime of physical violence or sexual abuse against a child or children. <input type="checkbox"/> I have not been convicted of a crime of domestic violence which would disqualify me from possessing a firearm. (See 18 USC 922(g)(9)) <input type="checkbox"/> I am not subject to an order of protection that would disqualify me from possessing a firearm (see 18 USC 922(g)(8)) <input type="checkbox"/> I do not have a pattern of substance abuse. Specifically, I have not: <input type="checkbox"/> Used marijuana for any purpose in the last two years <input type="checkbox"/> Used illegal drugs or narcotics other than marijuana in the last five years.

EMPLOYMENT EXPERIENCE

Please give accurate, complete employment record, start with present or most recent employer.

I. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Position/Title	Reason for Leaving

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2. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Position/Title	Reason for Leaving

3. CompanyName	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Position/Title	Reason for Leaving

4. Company Name	Telephone
Address	Employed From To
Name of Supervisor/Title	Annual/Hourly Wage
Your Job Position/Title	Reason for Leaving

Attach additional sheet if necessary.

We may contact the employers listed above unless you indicate those you do not want us to contact. Do NOT contact Employer Number(s)

Reason: _____

EDUCATION

	Elementary	High School	College/Tech	Graduate	Law Enforcement Certification
School Name and Location					Nebraska Law Enforcement Training Center Yes No Other
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4	Date:
Diploma/Degree					
Describe course of study					
Describe any honors you have received					

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MILITARY

<i>Complete this section if you served in the U.S. Armed Forces</i>	Branch of Service
Describe your duties and any special training	Period of Active Duty
	From To
	Rank at Discharge
	Date of Final Discharge
Are you currently active in any Reserve program? If Yes, name the program.	
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 form from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills acquired from employment or other experience:	
Why do you feel you would make a capable employee for the position(s) desired?	
Have you ever had experience in Law Enforcement? Where?	Yes No Dates: Reason for Leaving:

LAW VIOLATIONS

Please list **all** convictions, other than parking tickets, regardless of severity, age, location, or perceived culpability unless you have secured a complete expungement and/or pardon for the offense. Though law violations may or may not have an impact on your qualifications as a candidate for this position, a decision to withhold information whether intentionally or in error, will likely disqualify you from consideration for this position.

Violation	Date	Place	Court	Disposition
1.				
2.				
3.				
4.				

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PERSONAL REFERENCES

Please list references who are not related to you and are not previous employers.

	Name	Years Acquainted	Occupation
1.			
	Address	Telephone No.	
	Name	Years Acquainted	Occupation
2.			
	Address	Telephone No.	
	Name	Years Acquainted	Occupation
3.			
	Address	Telephone No.	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further agree and understand that any misstatement or willful omission of material fact or willful deception may constitute cause for dismissal from employment with the County of Adams. I also understand that to be considered for employment I must pass a pre-employment drug screen. I understand and agree that the County of Adams may make pre-employment inquiries into my ability to perform job-related functions, and that I may be offered employment conditioned upon the results of a medical examination.

I also acknowledge receipt of a job description for the position(s) I am applying for. I have read and understand all the job tasks required of the position. This application for employment shall be considered current for a period of time not to exceed six (6) months from date of application.

Signature: _____

**ADAMS COUNTY SHERIFF'S OFFICE
Hastings, NE**

Authorization to Release Information

Name of Applicant: _____
Please print your full name

Date of Birth: _____ SSN#: _____

This release, when presented by a duly authorized representative of the Adams County Sheriff's Office, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Adams County Sheriff's Office: Employment, Educational, Medical, Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; access to all Social Media Accounts and the UNDELETED copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Adams County Sheriff's Office. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Adams County Sheriff's Office to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the Adams County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Adams County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a law enforcement officer and I am currently serving in the capacity of a law enforcement officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant: _____
(Do NOT sign until in the presence of a Notary Public)

State of _____

County of _____

Subscribed and sworn to before me the _____ day of _____ 20____

Seal

Notary Public