



City of Saginaw

333 West McLeroy
P.O. Box 79070
Saginaw, Texas 76179
817-232-4640
Fax 817-232-4644
www.ci.saginaw.tx.us

**JOB OPPORTUNITY ANNOUNCEMENT
PART TIME ANIMAL SHELTER TECH
EXPERIENCE PREFERRED, NOT REQUIRED**

DATE: May 11, 2017

CLOSING DATE: Open until filled

SALARY: \$10.00 Hour

SCHEDULE: Hours vary

MINIMUM REQUIREMENTS:

CITIZENSHIP: Must be a United States Citizen by birth or naturalization.

EDUCATION: High School or Equivalent

DRIVING: Must have a valid Texas Driver's License and a good driving record

CERTIFICATION: None

ESSENTIAL JOB FUNCTIONS AND OTHER JOB FUNCTIONS PER JOB DESCRIPTION

All applications must be returned with a copy of high school diploma or GED, the personal history form, a copy of valid driver's license and copy of social security card.

Application packets are available:

In Person: City of Saginaw Personnel Office, 333 W. McLeroy Blvd., Saginaw, TX 76179

Online: www.ci.saginaw.tx.us

Completed application packets can be emailed to: applications@ci.saginaw.tx.us

ANIMAL SHELTER TECH HIRING PROCESS

The hiring process for City of Saginaw Animal Shelter Tech will consist of the following: Interview by the Chief Building Official and Human Resource Manager, background check, criminal history and driving record review and physical examination and drug screen. Any offer of employment is contingent on applicant passing the physical examination and the drug screen. **We reserve the right not to employ any applicant.**

**NON-TOBACCO USERS PREFERRED
NO SMOKING INSIDE OF ANY CITY BUILDINGS OR VEHICLES**

Equal Opportunity Employment

Note: The Immigration Reform and Control Act of 1986 require the City of Saginaw to hire only U. S. Citizens and lawfully authorized alien workers. Employability verification will be required of prospective employees.

**CITY OF SAGINAW
JOB DESCRIPTION**

Job Title: Animal Shelter Tech
Department: Inspection
Part Time Position

Effective: 10-01-2006
State Employment Commission Code: 9199
Worker's Compensation Number: 8831

Job Summary:

Work is performed under the supervision of the Chief Building Inspector. Enforces laws and performs in all areas pertinent to animal control regulations and operates City's animal shelter. Exercises sound judgment within limits prescribed by laws, rules, regulations, and department policies with guidance from supervisor. Work is subject to review through activity reports and periodic observation of operation. Position requires working a rotating schedule including weekends and holidays. Performs related work as required.

Essential Job Functions:

Must have good communication skills. Must have ability to work closely with all types of animals and handle animals of various sizes. Must not be intimidated by animals. Impounds animals as required. Maintains and cleans kennel runs, cages and shelter buildings. Provides food, water and care for impounded animals. Releases animals from the shelter in accordance with prescribed procedures. Assists the public in looking for lost or adoptable pets. Assists field officers in unloading, checking in, releasing and relocating animals in the shelter. Keeps records and documents animal dispositions in a computer record keeping system. Must be able to lift supplies or animals weighing up to 50-100 pounds.

Other Job Functions:

Assists other departments as needed.

Required Education, Degrees, Certificates, and/or License:

High School Diploma or General Equivalency Diploma. Valid Texas Driver's License.

Experience, Training, Knowledge, and Skills:

Working knowledge of animal control ordinances and laws and regulations, departmental policies and procedures, safety rules and regulations. Skills in the use of radio equipment and related animal control equipment. Skills in the routine operation of a motor vehicle. Ability to meet and deal effectively with the general public, to make decisions and determine logical courses of action, to understand and execute written and oral instructions, to communicate effectively, to react calmly, quickly, and accurately to the situations. Maintain physical standards necessary to do the job.



EMPLOYMENT APPLICATION

City of Saginaw Texas

333 West McLeroy Blvd.
P.O. Box 79070
Saginaw, Texas 76179
Phone: 817-232-4640
Fax: 817-232-4644
www.SaginawTx.org
info@ci.saginaw.tx.us

Email Address : _____

INSTRUCTIONS: Read carefully and print all information. Completion of this form is voluntary. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to applicants' satisfying the City's requirements as to morals, character, reference and physical examination. This application must be renewed after three months and becomes the property of the City of Saginaw. The City of Saginaw does not discriminate on the basis of race, color, national origin, sex, religion, age, or disabled status in employment or the provision of services.

Position Applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: (____) _____ Social Security Number: _____

Driver's License Number: _____ Type: _____ State Issued: _____ Expiration: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Are you currently a member of a military unit? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe any job-related training received in the United States military.

Specialized Skills

- CRT Fax
 PC Excel
 Calculator PBX System
 Typewriter Word

Check Skills / Equipment Operated

Production/Mobile Machinery (list): Other (list):

_____	_____
_____	_____
_____	_____

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Professional References (No Relatives)

1.	()
(Name)	Phone Number
(Address)	
2.	()
(Name)	Phone Number
(Address)	
3.	()
(Name)	Phone Number
(Address)	

Are you related to any member of the City Council or any current City of Saginaw employee?
_____ Yes _____ No

If "Yes." Name of Relative: _____ Relationship: _____ Dept. _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ No

EMPLOYMENT AT-WILL STATEMENT

In consideration of my employment, I agree to conform to the rules and regulations of the City of Saginaw, and my employment and compensation can be terminated with or without cause, and with without notice, at any time, at the option of the City or myself.

APPLICANT'S CERTIFICATION

I have reviewed the principle job duties and the minimum qualifications for the position for which I have applied. I am aware that this application will be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information on this application is accurate to the best of my knowledge and is subject to verification by the City of Saginaw if so requested. I understand that the information provided by me herein may be used for the purpose of investigating my eligibility and my previous employers may be contacted. I agree that the City of Saginaw will not be liable for any damage which may result from the release of such information, and that any misrepresentation or deliberate omission in my application may be justification for refusal of, or termination of, employment with the City of Saginaw.

My signature below indicates that I have read and fully understand the foregoing statements.

Applicant Signature

Date

City of Saginaw

Authority for Release of Information and Waiver

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Saginaw, whether the said records are of a public, private or confidential nature. **THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKERS COMPENSATION CLAIMS.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports or efficiency ratings.

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 City of Saginaw. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ Signature (include maiden name if applicable)	_____ Date		
_____ Street or P O Box	_____ City	_____ State	_____ Zip
_____ Area Code and Phone Number	_____ Social Security Number		

CITY OF SAGINAW

Authorization to Conduct Drug and or Alcohol Testing

I, _____ do hereby authorize the City of Saginaw and its agents to conduct any drug and or alcohol test deemed necessary. I understand that proper “chain of custody” procedures will be maintained and that the testing will be conducted by a Certified Laboratory. I hereby authorize the release to the City of Saginaw all results of any drug/alcohol test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Saginaw for the sole purpose of employment related matters.

Listed below are all the medications I am currently taking.

_____	_____
_____	_____
_____	_____

_____	_____
Signature (include maiden name if applicable)	Date

_____	_____	_____	_____
Street or P O Box	City	State	Zip

_____	_____
Area Code and Phone Number	Social Security Number

Signature of Parent/Guardian if applicant/employee is under the age of eighteen (18) years

**CITY OF SAGINAW
SUPPLEMENTAL WORK AND PERSONAL HISTORY FORM
(Answer questions on front and back)**

NAME _____ SOCIAL SECURITY NUMBER _____

DO YOU HAVE A VALID TEXAS DRIVERS? YES ___ NO ___ DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH SHOWN ON YOUR DRIVER'S LICENSE _____

DATE YOUR LICENSE EXPIRES _____

CIRCLE THE TYPE OF LICENSE WHICH YOU CURRENTLY POSSESS:

CLASS A COMMERCIAL CLASS B COMMERCIAL CLASS C OPERATOR

1. IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY? YES ___ NO ___

2. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES ___ NO ___

3. HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? YES ___ NO ___

4. WHAT IS THE NUMBER OF TRAFFIC CITATIONS YOU HAVE RECEIVED IN THE LAST FIVE YEARS? _____

ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___

EXPLAIN ANY "YES" RESPONSES GIVEN TO QUESTIONS 3-4: _____

IMPORTANT-PLEASE READ

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Saginaw to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any other job-related investigation as are necessary to determine my qualifications for employment

I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results of the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

DATE _____ **SIGNATURE** _____

INSTRUCTIONS: Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Saginaw application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:

ABSENTEEISM OR SICK LEAVE (EXCLUDING VACATION) YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

TARDINESS YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

JOB ABANDONMENT YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

OTHER ATTENDANCE-RELATED PROBLEMS YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

FIGHTING YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

ASSAULT YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

INSUBORDINATION YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

VIOLATING SAFETY RULES YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: _____

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:

THEFT YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AT WORK YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

POSSESSION OF ALCOHOL OR DRUGS WHILE AT WORK YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

SALE OF ALCOHOL OR DRUGS AT WORK YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPLICATION INFORMATION YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES ___ NO ___ EMPLOYER _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES? YES ___ NO ___

HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION? YES ___ NO ___

ARE YOU CURRENTLY ON PROBATION? YES ___ NO ___

HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS? YES ___ NO ___

HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS? YES ___ NO ___

EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE AND GIVE DATES OF SAME: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Saginaw
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	initial
Destroyed Date: _____	initial
Retain in your files	