



1200 East Broad Street, 2nd Floor Human Resources
Mansfield, Texas 76063
Telephone: 817-276-4267
Fax: 817-473-7487
Email: applymansfield@mansfieldtexas.gov

JOB CLASSIFICATION: Bus Driver - PT Seniors
DEPARTMENT: Senior Lifestyles

SALARY: \$13.50 per Hour
Part-time / Non-Exempt

JOB DESCRIPTION:

Under general supervision of the Senior Services Supervisor and direct supervision of the Senior Services Coordinator, responsible for transporting participants to and from the center for daily activities and special events.

EXAMPLES OF WORK TO BE PERFORMED:

- Transport senior citizens to and from the Mansfield Activities Center.
- Assist senior citizens getting on and off the bus.
- Schedule maintenance and repairs to the bus.
- Assist with clerical duties including answering phone, preparing daily reports, answering questions from patrons, taking money for events, etc.
- Assist with daily operations of the senior program, including setting up/tearing down rooms, serving lunches, and assisting with special events.
- Other duties that may be assigned.

OTHER DUTIES:

Please note this job description is not designed to cover or contact a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

REQUIRED KNOWLEDGE SKILLS AND ABILITIES:

- Must have good work history.
- Must have a good driving record.
- Ability to maintain effective working relationships with employees and the general public including senior citizens.
- Ability to work well with senior citizens.
- Available to work up to 26 hours per week, Monday-Friday during the hours of 7:00am-2:00pm and occasional evening and weekend trips.

REQUIRED EDUCATION, TRAINING AND EXPERIENCE:

- High school diploma or equivalent required.
- Must have Class B Commercial Driver's License or obtain one within the first 6 months of employment.

DESIRED TRAINING AND EXPERIENCE:

- Additional training or experience in related field.

ESSENTIAL PHYSICAL FUNCTIONS:

1. The physical activity of this position

- Balancing. Maintaining body equilibrium to prevent falling and walking, standing or crouching on narrow, slippery, or erratically moving surfaces.
- Stooping. Bending body downward and forward by bending spine at the waist.
- Reaching. Extending hand(s) and arm(s) in any direction.
- Standing. Particularly for sustained periods of time.
- Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
- Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
- Pulling. Using upper extremities to exert force in order to draw, haul or tug objects in a sustained motion.
- Lifting. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles.
- Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Lifting. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles.
- Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Grasping. Applying pressure to an object with the fingers and palm.
- Feeling. Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
- Talking. Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Hearing. Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound.
- Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers.

2. The physical requirements of this position

- Medium work. Exerting up to 50 pounds of force occasionally, and/or up to 30 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

3. The visual acuity requirements including color, depth perception, and field vision.

- The worker is required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned (i.e., custodial, food services, general laborer, etc.) or to make general observations of facilities or structures

4. The conditions the worker will be subject to in this position

- The worker is subject to environmental conditions. Protection from weather conditions but not necessarily from temperature changes.
- The worker is subject to both environmental conditions. Activities occur inside and outside.
- The worker is required to function in narrow aisles or passageways.

AMERICANS WITH DISABILITIES

The City of Mansfield complies with the Americans with Disabilities Act of 1990 and it is our policy to ensure that no person is discriminated against based on their disability. The City of Mansfield offers equal employment opportunity to qualified individuals and strictly prohibits the discrimination against qualified individuals on the basis of disability. The City of Mansfield shall provide reasonable accommodations to applicants and employees who are otherwise qualified to perform the essential job duties when doing so does not create an undue hardship for the city.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The City of Mansfield is an Equal Opportunity Employer who is committed to hiring and retaining highly qualified persons and a diverse workforce. The City of Mansfield is mandated by federal law to provide a drug-free working environment for the safety of its employees and the public. All employment is contingent upon passing a post offer pre-employment drug test and/or physical. It is the policy of the city not to discriminate against any person in recruitment, examination, appointment, training, promotion, discipline or any other aspect of personnel administration because of religious opinions or affiliations, membership or non-membership in employee organizations, or because of race, color, national origin, ancestry, marital status, age, gender, veteran, disability or any other basis prohibited by federal, state, or local laws.

MANSTFIELD
T E X A S

EMPLOYER block and go to the next block. Start with your current status and work backward. If you need additional space, use a plain sheet of paper using the format below for each additional position. You may attach a resume or other documents. COMPLETE EACH SECTION FULLY.

CURRENT EMPLOYER: _____

BUSINESS ADDRESS: _____ **PHONE NO.** _____

JOB TITLE: _____ **SUPERVISOR'S NAME:** _____

DATES OF EMPLOYMENT: From _____ To _____

REASON FOR DESIRING CHANGE: _____

STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____

YOUR DUTIES: _____

LAST EMPLOYER: _____

BUSINESS ADDRESS: _____ **PHONE NO.** _____

JOB TITLE: _____ **SUPERVISOR'S NAME:** _____

DATES OF EMPLOYMENT: From _____ To _____

REASON FOR LEAVING: _____

STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____

YOUR DUTIES: _____

NEXT PREVIOUS EMPLOYER: _____

BUSINESS ADDRESS: _____ **PHONE NO.** _____

JOB TITLE: _____ **SUPERVISOR'S NAME:** _____

DATES OF EMPLOYMENT: From _____ To _____

REASON FOR LEAVING: _____

STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____

YOUR DUTIES: _____

NEXT PREVIOUS EMPLOYER: _____

BUSINESS ADDRESS: _____ **PHONE NO.** _____

JOB TITLE: _____ **SUPERVISOR'S NAME:** _____

DATES OF EMPLOYMENT: From _____ To _____

REASON FOR LEAVING: _____

STARTING SALARY: \$ _____ **ENDING SALARY** \$ _____ **MAY WE CONTACT THIS EMPLOYER?** ____

YOUR DUTIES: _____

PLEASE EXPLAIN IN DETAIL ANY TIME LAPSES DUE TO UNEMPLOYMENT OR OTHER REASONS.

LIST LICENSES or CERTIFICATIONS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

LIST PROFESSIONAL OR TECHNICAL LICENSES, REGISTRATION, CERTIFICATES, OR MEMBERSHIPS YOU POSSESS.

CHECK ALL SKILLS OR ABILITIES, BELOW, THAT YOU POSSESS THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

Typing / Speed _____ WPM Ten-Key Calculator
 Computer List programs in which proficient: _____

FOR TRADES JOBS ONLY:

- Truck List type(s): _____
- Backhoe List type(s): _____
- Grader List type(s): _____
- Dozer List type(s): _____
- Tractor List type(s): _____
- Mower List type(s): _____
- Other equipment List type(s): _____

EDUCATION

SCHOOL	NAME AND LOCATION	FROM	TO	GRADUATED/COMPLETED
High School				Diploma GED
Trade School				Course of Study _____ Certification _____
College				Degree obtained _____ Major _____ Minor _____
Other				

ACKNOWLEDGEMENT

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment with the City of Mansfield whenever it is discovered.

I give the City of Mansfield the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Mansfield and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The City of Mansfield does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only six (6) months for the position for which application is made. I acknowledge that this application, once submitted to the City of Mansfield, becomes the property of the City of Mansfield.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Mansfield reserves the same right to terminate my employment during the probationary period at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Mansfield, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the policy of the City of Mansfield not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____



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READ CAREFULLY BEFORE SIGNING

Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for and as it may assist in determining character traits of the applicant. However, falsification of the application will result in disqualification for employment.

All applicants for full time or regular part-time positions are requested to take a physical examination, INCLUDING DRUG SCREENING.

All job offers are contingent on the successful completion of reference checks, police check, driver's license check (if applicable), and physical exam (if applicable).

All applications become the property of the *City of Mansfield*. Applications will be kept on file six months.

I hereby request and authorize you to render any information regarding my employment, character, qualifications, habits, reputation, credit, medical history, past record of performance, or any other pertinent information to the City of Mansfield. Any information furnished is at my express request and for my benefit.

I hold said representative or agent furnishing aforesaid information harmless, and I do hereby release them from any and all liability for damage of whatsoever nature because of furnishing such information.

I further understand that this information will be "confidential" between the City of Mansfield and all other parties involved.

Signature of Applicant

Date

Print Name: _____
Last First Middle Maiden

Today's
Date: _____
Month Day Year

SUPPLEMENTAL INFORMATION CARD

The information on this card is used for statistical reporting to various regulatory agencies only. It will be detached from your application and will in no way be used in consideration of your application for employment.

Position applying: _____

Race/Sex: Female Male

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic or Latino
- E. Native Hawaiian or Other Pacific Islander
- F. Two or more races
- G. White

How did you learn of this position?

- Dallas Morning News
- Employee Referral
- Fort Worth Star Telegram
- HR Office
- Mansfield News-Mirror
- Professional Magazine*
- Texas Workforce Commission
- Other * _____

Internet Site

- Career Builder
- City
- Monster
- TML
- Other *

Specify Which:

- _____
- _____
- _____
- Other *

Birth Date: _____
Month Day Year

Birthplace: _____ U.S. Citizen Yes No

Have you previously worked for the City? No Yes If yes, when? _____
Mo. Year to Mo. Year

Department: _____ Position: _____

Under what other names have you been employed? _____



Applicant Notification / Release of Information

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that prospective employer and/or First Check may make inquiries, including but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that prospective employer and/or First Check may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective employer and/or First Check to furnish any or all of the above mentioned information. In addition, I hereby release First Check and prospective employer from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to prospective employer and/or First Check the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: _____

Social Security _____ *Date of Birth _____ / _____ / _____

Current Address _____

City/State/Zip _____

Driver's License # _____ State _____

Prospective Employer _____

Applicants Signature _____

** Notary Signature _____ Printed _____

State _____ County _____ Commission Expires _____

* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes. ** Only when requested