MANSFIELD
TEXAS

1200 East Broad Street
Mansfield, Texas 76063
Telephone: 817-276-4280

**JOB CLASSIFICATION:** Kennel Technician
**DEPARTMENT:** Animal Care & Control **SALARY:** $25,750 to $36,050 DOQ
**APPLICATIONS CURRENTLY BEING ACCEPTED.**

**NOTE:** The examples of work listed in this classification specification are not necessarily descriptive of any one position in the class. In specific classified positions the class specifications are intended to give a general indication of duties and levels of difficulty and responsibility common to all positions in this class and therefore are not all inclusive of all work which may be required.

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**FUNCTION:**

Under direct supervision of the Animal Control Manager, responsible for the maintenance and cleaning of the Kennel, and perform routine kennel tech work.

**EXAMPLES OF WORK TO BE PERFORMED:**

- Clean dog kennels, cat room, and adjacent work spaces.
- Animal handling including feeding, exercising, intake and assessment.
- All tasks associated with euthanasia.
- Daily animal inventory including posting details such as breed, sex, color of each animal in a database
- Assist with volunteers and community services by scheduling and recording hours worked, training, etc.
- Coordinate with rescue groups, foster groups and other area shelters for placement or adoption of animals
- Complete paperwork for animal adoptions including breed, sex and color of adopted animal, which vaccinations were given, money collected from new owner, etc. Return lost animals to owner
- Must be willing and able to work various hours and shifts as assigned, including weekends and holidays.
- Other duties as may be required

**REQUIRED KNOWLEDGE SKILLS AND ABILITIES:**

- High school diploma or equivalent.
- Knowledge of various animal breeds, types, and characteristics and their associated animal behavior with the ability to capture and restrain all types of animals and detect signs of illness or injury to animals
- Previous experience with animals preferred.
- Ability to deal with members of the general public in a calm and courteous manner, answering and responding to complaints and request.

The City of Mansfield is an Equal Opportunity Employer and does not discriminate on the basis of disability.

- Ability to speak and comprehend standard business oriented English.
- Ability to read and write clearly in completing service requests, work order, and messages.
- Computer skills including basic level of Word and Excel.
- Ability to complete within 120 days of employment a training course in the proper methods and techniques of euthanizing animals.
- Must possess a valid Texas Drivers license
- Must be able to operate cellular phone, two-way radio, fax machine, copy machine, calculator, computer, printer and various software

**DESIRED TRAINING AND EXPERIENCE:**

- Minimum of High school diploma or equivalent.
- Minimum of 2 years experience working in a municipal animal control facility as a Kennel Technician preferred.
- Completed within the last three years a training course in the proper methods and techniques of euthanizing animals.

**ESSENTIAL PHYSICAL FUNCTIONS:**

- Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.
- Ability to be able to sit, stand , walk, run, lift, carry, push, pull, kneel, crouch, crawl, twist, climb, bend, and balance.
- Physical ability to apprehend animals of all sizes
- May be subjected to extremes in weather conditions such as heat, cold, wetness and humidity, dirt, dust, heights, fumes, odors, and darkness
- Ability to lift, crouch, crawl, carry, push, pull, kneel, twist, climb, bend or balance as well as sit, stand, walk or run to perform animal control duties.

1.**The physical activity of this position**

A. Climbing. Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.
B. Balancing. Maintaining body equilibrium to prevent falling and walking, standing or crouching on narrow, slippery, or erratically moving surfaces.
C. Stooping. Bending body downward and forward by bending spine at the waist.
D. Kneeling. Bending legs at knee to come to a rest on knee or knees.
E. Crouching. Bending the body downward and forward by bending leg and spine.
F. Crawling. Moving about on hands and knees or hands and feet.
G. Reaching. Extending hand(s) and arm(s) in any direction.
H. Standing. Particularly for sustained periods of time.
I. Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
J. Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
K. Pulling. Using upper extremities to exert force in order to draw, haul or tug objects in a sustained motion.
L. 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.

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M. Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
N. Grasping. Applying pressure to an object with the fingers and palm.
O. Feeling. Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
P. 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.
Q. 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.
R. Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers.

2. **The physical requirements of this position**

Very heavy work. Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

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

A. The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication parts at distances close to the eyes.
B. The worker is required to have visual acuity to perform an activity such as: operates machines, such as lathes, drill presses, power saws, and mills where the seeing job is at or within arm's reach; performs mechanical or skilled trades tasks of a non-repetitive nature, such as carpenter, technicians, service people, plumbers, painters, mechanics, etc.
C. The worker is required to have visual acuity to operate motor vehicles and/or heavy equipment.
D. The worker is required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned or to make general observations of facilities or structures

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

A. The worker is subject to both environmental conditions. Activities occur inside and outside.
B. The worker is subject to extreme cold. Temperatures typically below 32° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.
C. The worker is subject to extreme heat. Temperatures above 100° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.
D. The worker is subject to noise. There is sufficient noise to cause the worker to shout in order to be heard above ambient noise level.
E. The worker is subject to hazards. Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals.

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F. The worker is subject to atmospheric conditions. One or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dust, mists, gases, or poor ventilation.
G. The worker is frequently in close quarters, crawl spaces, shafts, man holes, small enclosed rooms, small sewage and line pipes, and other areas that could cause claustrophobia.
H. The worker is required to function in narrow aisles or passageways

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# *APPLICATION FOR EMPLOYMENT*

**City of Mansfield, Texas**
**1200 E. Broad Street**
**Mansfield, Texas 76063**
**Phone: (817) 276-4267**
**FAX: (817) 473-7487**
**www.mansfield-tx.gov**

**Please print. All information must be legible. Application must be completed in full or will not be considered. Resumes may be attached to completed application. Applicants requiring reasonable accommodation to the application and/or interview process should contact the Human Resources Department for assistance. Equal access to programs, services, and employment is available to all qualified persons. The City of Mansfield is an Equal Opportunity Employer.**

**Position applied for:** _____ **Date:** _____ **Salary Expected:** _____

**NAME:** _____ _____ _____
**(Last)** **(First)** **(Middle)**

**ADDRESS:** _____
**(Street)** **(City)** **(State)** **(Zip)**

**E-MAIL ADDRESS:** _____

**TELEPHONE: (Home)** _____ **(Work)** _____ **(Cell)** _____

Please check all that apply: Do you want Regular Full Time Regular Part Time Temporary Full Time Temporary Part Time Seasonal (as needed)

How did you learn of this position? Newspaper* Internet* Professional Magazine* Employee Referral HR Office Employment Agency Texas Workforce Commission (employment office)
*Specify which_____

Do you have a valid Texas Driver's License? No Yes Type of License: Operator CDL Chauffer
License Number: _____ Expiration Date: _____

Does anyone related to you (by blood or marriage) work here or is currently a member of the City Council? Yes No
City Board Commissions? Yes No If yes, list name, their position, and relationship:
_____

Have you ever worked here before? Yes No If yes, give dates and position held: _____
_____

Are you legally eligible for employment in the United States of America? Yes No

Answering "yes" to the following question will not be an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Have you ever plead "guilty" or "no contest" (*nolo contendere*) to, or been convicted of a crime? Yes No
If you answered "yes," please provide the date(s), location, and details: _____

**Have you served** in the armed forces, armed forces reserve, or national guard of the United States of America? Yes No
If "yes," please complete the following: BRANCH _____ DATE ENTERED _____
DATE OF DISCHARGE _____ RANK AT DISCHARGE _____
LIST DUTIES AND TRAINING _____
_____
ARE YOU CURRENTLY A MEMBER OF THE RESERVES OR NATIONAL GUARD? Yes No

## EMPLOYMENT HISTORY

**List all periods of employment or volunteer activities. If currently UNEMPLOYED, write "unemployed" in the CURRENT**

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 that 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: _____

# 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

1500 Corporate Circle Ste 13 Southlake TX 76092
817.410.8383 / 888.588.2525 Fax 817.887.1467 / 888.213.9341
www.firstcheck.com support@firstcheck.com

Print Name: _____ Today's Date: _____

Last First Middle Maiden 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 | *Specify Which:* |
|---|---|
| ☐ Career Builder | ☐ _____ |
| ☐ City | ☐ _____ |
| ☐ Monster | ☐ _____ |
| ☐ TML | ☐ Other * |
| ☐ 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? _____

# TEXAS COMMISSION ON LAW ENFORCEMENT

## APPLICANT'S PERSONAL HISTORY STATEMENT

Mansfield Police Department
(Animal Care and Control)

Position: Kennel Technician

**NAME**_____

**DATE ISSUED**_____

**COMPLETE AND RETURN BY**_____

**I am applying for:**

**[ ] Peace Officer PID#**_____
**[ ] County Jailer PID#**_____
**[ ] Telecommunicator PID#**_____
**[ ] Civilian Employment**

## Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding**. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.

2. If a question is not applicable to you, enter **N/A** in the space provided.

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.

4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**

5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.

6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**

7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.

8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness.**

9. All documents requested must be submitted with the application (photocopies are acceptable in most cases). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary

   Completed Personal History Statement
   Copy of your Social Security card.
   Original certified copy of your birth certificate. (No photo copy)
   Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
   Copy of your High School diploma or GED certificate.
   Sealed original certified copy of your college transcript. (No photo copy)
   Photocopy of your college diploma.
   Copy of your DD-214 if applicable. Must possess an honorable discharge.
   Original certified copy of your Naturalization papers, if applicable. (No photo copy)
   Copy of current proof of automobile liability insurance.
   Copy of a TCOLE approved Firearms Qualifications within the last 12 months.

10. If you have any questions, please contact your assigned background investigator

11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

**Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial :

_____I am a citizen of the United States of America.

_____I have earned a high school diploma or a GED.

_____I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

## APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

| Last Name | First | Middle | Maiden |
|---|---|---|---|
| Street Address | | Apt. No. | |
| City | | State & Zip Code | |
| Mailing Address (if different from residence) | | State & Zip Code | |
| Home Telephone No. | Work Telephone No. | Cellular No.<br>Pager No. | |
| Date of Birth | Social Security No. | Drivers License No. & State | |

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

_____

_____

Place of Birth (City, County, State, Country)_____

Are you a U.S. Citizen by Birth?_____ Are you a Naturalized Citizen?_____

Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars, Tattoos (description and location) or other distinguishing marks_____

_____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s)._____

List ALL E-Mail Addresses (S) _____

_____

**MARITAL & FAMILY HISTORY**

Single_____ Married_____ Engaged_____ Co-habiting_____

Spouse's/Co-habitant's name (include maiden name)_____

Address_____

Date of Birth_____ Date of Marriage_____

Employer(s)_____

Employer & Address_____

Home Telephone No._____ Work Telephone No._____

Roommate(s)(do not include parents or cohabitants)_____

Date(s) of birth_____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage_____
City & State_____
Separated_____ Date_____
Divorced_____ Date_____
Widowed_____ Date_____
Annulled_____ Date_____
Court or State issued_____
Ex-spouse's Name_____
Date of Birth_____
Telephone No._____

Date of Marriage_____
City & State_____
Separated_____ Date_____
Divorced_____ Date_____
Widowed_____ Date_____
Annulled_____ Date_____
Court or State issued_____
Ex-spouse's Name_____
Date of Birth_____
Telephone No._____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

| Relation | Name | Date of Birth | Address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

| Relationship | Name | Complete Address | Phone Number | DOB |
|---|---|---|---|---|
| | | | | |
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**RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent,_including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

| From | To | Address | City | Sate & Zip code |
|---|---|---|---|---|
| | | | | |
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**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Name_____ Years known_____

Address_____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship_____

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____ _____

_____ _____

_____ _____

_____ _____

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

| Year | Make | Model | Color | License Plate No. | Owner |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes_____ No_____
If yes, give details below:

Driver's License No._____ State_____ Date issued_____

Driver's License No._____ State_____ Date issued_____

Have you **ever** had your driver's license suspended or revoked? Yes___ No___ If yes, give reason, date, and length of suspension: _____

_____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

| Date | Location | Police Report: Yes/No |
|---|---|---|
| Cause of Accident (e.g., ran red light, failed to control speed) | | |
| Date | Location | Police Report: Yes /No |
| Cause of Accident (e.g., ran red light, failed to control speed) | | |

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

| Month/Year | Violation | City & State | Disposition (e.g., defensive driving, dismissed) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes_____ No_____ If yes, complete the following table:

| Agency | Offense | Date | Location | Outcome |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:_____

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:_____

Have you**ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain:_____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain:_____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes_____ No_____

**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes_____ No_____ If yes, complete the following table:

| Name/Relationship | Charge/Offense | Outcome | Year | Agency |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**FINANCIAL HISTORY**

Your current net monthly income _____ Spouse's current net monthly income _____

Source Amount Frequency

_____ _____ _____

_____ _____ _____

_____ _____ _____

Do you have any accounts with a financial institution? Yes____ No___

Name(s) of financial institution(s)_____

Type(s) of account(s)_____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

| Name of Creditor (e.g., Sears, Citi financial) | Type of Debt (e.g., student loan, automobile) | Monthly Payment | Approx Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes_____ No_____

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes_____ No_____

Have you **ever** failed to pay Federal, state, or other taxes? Yes_____ No_____

Have you **ever** failed to file a tax return, when required by law? Yes_____ No_____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes_____ No_____

Have you **ever** had a judgment entered against you? Yes_____ No_____

Have you **ever** defaulted on any type of loan? Yes_____ No_____

Have you **ever** had bills or debts turned over to a collection agency? Yes_____ No_____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes_____ No_____

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes_____ No_____

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes_____ No_____

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes_____ No_____

Are you currently more than sixty (60) days delinquent on any debts? Yes_____ No_____

Have you **ever** applied for unemployment compensation? Yes_____ No_____ When? _____

Have you **ever** received unemployment compensation? Yes_____ No_____ When? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

| Name of Creditor (e.g., Sears, Citi financial) | Type of Debt (e.g., student loan, automobile) | Number of Days Late | Reason |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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## EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

**If you are currently employed, may we contact your present employer?** Yes _____ No _____

1. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

2. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

3. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received:_____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

4. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received:_____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

5. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received:_____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

6. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received:_____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received: _____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

8. Employer _____ From_____ To_____

Address _____

Telephone No._____

Job Title_____ Beginning and Ending Salary _____/_____

Work Schedule _____

Name of supervisor_____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

_____

_____

_____

_____

_____

_____

Identify any disciplinary actions you received:_____

_____

_____

Reason for Leaving: _____

_____

_____

**Was there an unemployment period between previous employment and the one listed above? _____Yes ____No**

**If yes, provide dates and explain:** _____

_____

## EDUCATIONAL HISTORY

| High School(s) attended | Address | Dates attended From-To | Graduated Yes/No |
|---|---|---|---|
| | | | |
| | | | |

Do you have a G.E.D. Certificate?_____

Were you **ever** expelled from school? If yes, give details: _____

_____

Identify all colleges, universities, or technical schools you have attended:

| Name | City & State | Dates attended | Hours completed | Major | Degree & Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes_____ No_____

Served from_____ to_____ Highest Rank held_____
Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Type of discharge_____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes ____ No_____

Serving from_____ to_____ Current Rank held_____
Date Date

Branch of Service_____ Unit _____

Job Title(s) (e.g., Rifleman, Security)_____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

_____

_____

_____

## SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

| Language | Understanding | Speaking | Reading | Writing |
|---|---|---|---|---|
| | | | | |

Do you have any experience with firearms? Yes_____ No_____

## MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

| Name & Address | Type (e.g., social, fraternal, professional) | From | To |
|---|---|---|---|
| | | | |
| | | | |

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes_____ No_____

## PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes_____ No_____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes_____ No_____ If yes, when last used?_____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often_____ When last used_____

Provide explanation:_____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes____ No___

If yes, give details:_____

_____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

_____

_____

_____

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

| Agency Name & Address | Date Applied or Hired | Result |
|---|---|---|
| | | |
| | | |
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| | | |

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

_____

_____

_____

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

_____
Signature of applicant

_____
Date

Before me personally appeared_____who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this__ day of_____, _____

SEAL or STAMP

_____
Signature of Notary
My Commission Expires: _____

***Human Resources***
**1200 East Broad Street**
**Mansfield, Texas 76063**
**(817) 276-4267**

## 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.

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*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*

*Before me personally appeared*_____*who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.*

*Sworn to and subscribed before me on this*_____ *day of*_____, _____

*SEAL or STAMP*

_____
*Signature of Notary*

*My Commission Expires:* _____