



1200 East Broad Street  
Mansfield, Texas 76063  
Telephone: 817-276-4267

**JOB CLASSIFICATION:** Landscape Technician

**DEPARTMENT:** Parks

**SALARY:** \$27,810

**APPLICATIONS NOW BEING ACCEPTED.**

**JOB DESCRIPTION:**

Under limited supervision, perform skilled landscape maintenance work in the City's parks, public grounds and properties.

**EXAMPLES OF WORK TO BE PERFORMED:**

- Perform moderately complex landscape maintenance and repair work on a regularly scheduled basis without direct supervision.
- Assist other tradesmen in the daily planning and execution of assignments providing technical assistance as required.
- Supervise subordinate tradesmen or landscape technicians as required.
- Train new workers in acquisition of skills and knowledge necessary to the adequate performance of duties.
- Plant and cultivate trees, shrubs, turf and flowering plants
- Load and unload materials and equipment.
- Trim trees, pick up brush, and load brush onto a truck.
- Cut grass using a push, power, tractor mower, or power trimmer.
- Perform light mechanical maintenance and construction duties to include vehicle/equipment maintenance, irrigation maintenance and concrete installation.
- Perform other duties as may be assigned.

**REQUIRED KNOWLEDGE SKILLS AND ABILITIES:**

- Knowledge of landscape materials including plant materials, soil amendments, irrigation, fertilizers and pesticides.
- Working knowledge of tools and equipment of landscape maintenance.
- Ability to supervise the work of others.
- Ability to analyze problems and plan solutions.
- Ability to maintain records on materials needed and used.
- Ability to operate mower, line trimmer, edger, chainsaw, spreader, blower, trencher, shovel, rake, spade, pruning tools and other tools used in landscape maintenance.
- Ability to work in extreme cold, heat, temperature swings, outdoors, indoors, exposure to the sun, and mechanical hazards.
- Ability to read, converse in the English language, and hear clearly.
- Carry, hold, lift, pull, and push (50 lbs.); clean, climb, crawl, kneel, sit, squat, stoop, twist, and walk in performing duties.

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

**MINIMUM QUALIFICATIONS:**

- High school diploma or equivalent.
- Valid Texas Operator's License
- Texas Department of Agriculture Pesticide License or the ability to obtain within six months.

**ESSENTIAL PHYSICAL FUNCTIONS:**

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

- 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.
- 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.
- Kneeling. Bending legs at knee to come to a rest on knee or knees.
- Crouching. Bending the body downward and forward by bending leg and spine.
- Crawling. Moving about on hands and knees or hands and feet.
- 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.
- 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**

- 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.**

- The worker is required to have visual acuity to operate motor vehicles and/or heavy equipment.

**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 outside environmental conditions. No effective protection from the weather.
- The worker is subject to both environmental conditions. Activities occur inside and outside.
- 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.
- 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.
- 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.
- The worker is subject to vibration. Exposure to oscillating movements of the extremities or whole body.
- 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.
- 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.

**MANFIELD**  
T E X A S



## 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 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: \_\_\_\_\_



*Human Resources*

*1200 E. Broad Street  
Mansfield, Texas 76063  
817-276-4280*

**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*



## 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

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 \* \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month Day Year

- |   |                                  |
|---|----------------------------------|
| <b>Internet Site</b>                    | <b>*Specify Which:*</b>          |
| <input type="checkbox"/> Career Builder | <input type="checkbox"/> _____   |
| <input type="checkbox"/> City           | <input type="checkbox"/> _____   |
| <input type="checkbox"/> Monster        | <input type="checkbox"/> _____   |
| <input type="checkbox"/> TML            | <input type="checkbox"/> Other * |
| <input type="checkbox"/> Other *        |                                  |

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? \_\_\_\_\_