



# City of Saginaw

## JOB OPPORTUNITY ANNOUNCEMENT RECREATION DEPARTMENT PART TIME CUSTOMER SERVICE ASSOCIATE

333 West McLeroy  
P.O. Box 79070  
Saginaw, Texas 76179  
817-232-4640  
Fax 817-232-4644  
[www.ci.saginaw.tx.us](http://www.ci.saginaw.tx.us)

OPENING DATE: August 4, 2017 CLOSING DATE: Open until position filled

BEGINNING SALARY: \$8.00 per hour

WORK SCHEDULE: Varied – Evenings & Saturday

### MINIMUM REQUIREMENTS:

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

EDUCATION: High School Diploma or equivalent

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

MUST BE ABLE TO PERFORM ESSENTIAL AND NON-ESSENTIAL JOB DUTIES WITH OR WITHOUT A REASONABLE ACCOMMODATION. (PLEASE READ DESCRIPTION ENCLOSED IN PACKET).

### All applications must be returned with:

1. Copy of valid Texas Driver's License
2. Copy of Social Security Card
3. Copy of High School Diploma or GED
4. Completed Personal History Form
5. Completed DPS Criminal History Form

### Application packets are available:

In Person: City of Saginaw, Personnel Office, 333 W. Mc Leroy Blvd., Saginaw, TX 76179  
Online: [www.ci.saginaw.tx.us](http://www.ci.saginaw.tx.us)

### CUSTOMER SERVICE ASSOCIATE HIRING PROCESS

The hiring process for the part time customer service associate will consist of the following: Oral interview, background check, 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 IN ANY CITY BUILDING OR VEHICLE**

### 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: Customer Service Associate (Recreation Center)      Effective: 10-01-2004  
Department: Recreation      State Employment Commission Code: 7999  
Part-Time Position      Worker's Compensation Number: 8810

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Job Summary:

Monitors recreation facilities and activities in accordance with municipal rules by: handling telephone calls; inform persons about facilities, programs, activities and usage rules; maintain required records and logs of participants; may coordinate use of facilities to prevent conflicts; patrol facilities to detect damage, report damages and secure the facility; and create and assemble ID badges and may create signs and posters.

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Essential Job Functions:

This position must have the demonstrated ability to communicate effectively and answer questions with a variety of customers; Ability to handle cash and register program participants; Ability to maintain appearance of the facility by performing light custodial duties; Basic knowledge of common athletic apparatus; Perform other duties as assigned. Must be able to lift items weighing up to twenty-five pounds. Performs work under normal office conditions. Exposed to an out-of-door environment, subject to extremes of temperature and inclement weather.

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Other Job Functions:

Must be able to work weekday mornings and/or evenings, weekends and rentals. Works with other City departments as needed. Performs other duties as assigned.

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

High school Diploma, GED, or high school student ages 16 & up; or up to one month related experience or training. Must possess a valid Texas driver's license. CPR preferred.

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Experience, Training, Knowledge, and Skills:

Ability to communicate effectively and work well with a wide variety of people is required. Must have the ability to operate computers, printers, calculators, FAX machine, typewriter, copy machine, telephone. Must be a highly motivated individual possessing exceptional customer service skills.



# 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:

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

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

**PAGE TWO-SUPPLEMENTAL WORK AND PERSONAL HISTORY FORM**

**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:	
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 _____
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 ___
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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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