

**Hardin County Fiscal Court  
Job Description**

**Animal Control Officer**

*January 22, 2013*

**Animal Control  
Pay Grade 5**

**Job Summary**

The purpose of the position of Animal Control Officer is to perform duties involving the control, custody, and humane destruction of animals identified as being stray, vicious or diseased. This position assists in the administration of the county's animal licensing procedures. The person holding this position must meet all qualifications to serve as Peace Officer in the enforcement of animal related laws as required by KRS 61.300. The Animal Control Officer must be available for duty at all hours and will perform any other jobs that may fall under this class title per the Animal Control Director's instructions.

**Major Essential Duties**

- Serve as a Peace Officer in the enforcement of animal related laws only
- Apprehend, impound and/or destroy in a reasonable and humane way any dog which does not bear a license tag or other legible identification that is found running at large or is vicious or diseased and may be endangering the lives and/or property of county residents
- Enforce the Animal Control ordinances, statutes, and regulations of the state, county and cities inside Hardin County
- Issue citations for District Court and serve warrants related to cases involving animals
- Attend court proceedings and testify as needed in cases related to enforcement of Animal Control laws and/or the performance of official duties
- Quarantine rabies suspects for 10 days at the Animal Shelter
- Prepare rabies suspects for testing by a qualified Health Department employee
- Euthanize both dogs and cats as needed
- Be on 24-hour call for up to 7 days at a time to pick up animals on an emergency basis for local law enforcement agencies
- Work to keep Animal Shelter in a sanitary and safe condition by cleaning the facility on a daily basis.
- Make repairs to the facility as needed to keep the animals safe and secure
- Feed and care for animals being held at the Animal Shelter

**Minor Essential Duties**

- Issue and collect fees for dog and kennel licenses and furnishes appropriate tags
- Maintain official records related to the issuance of licenses and fees collected

- Assist in the preparation of monthly reports required by Kentucky Department of Agriculture
- Take in animals which are unwanted or stray
- Permit adoptions of animals and collect adoption fees
- Perform related work as required

### **Supervisory Responsibility**

- Provide supervision of the office and shelter employees within the Animal Control Shelter in the absence of the Animal Control Director, which may include the following:
  - Provide complaint and problem resolution
  - Enforce policies and procedures

### **Relationships**

The Animal Control Officer performs duties within the Animal Control Shelter under the direct supervision of the Animal Control Director

### **Qualifications**

#### ***Education and/or Experience***

- Must be a citizen of Hardin County, Kentucky
- Must be a graduate of an accredited high school or equivalent
- Working knowledge of county government operations is preferred
- Knowledge of caring for and feeding animals
- Knowledge of animal behavior patterns

#### ***Language Skills***

- Ability to read, analyze, and interpret policies, procedures, equipment manuals, safety documents, and governmental regulations
- Ability to handle sensitive issues
- Possess strong oral, written and listening communication skills
- Ability to prepare and maintain various written reports

#### ***Mathematical Skills***

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals
- Ability to apply concepts of algebra as needed

#### ***Reasoning Ability***

- Define problems, collect data, establish facts, and draw valid conclusions
- Interpret a variety of technical and instructional information
- Make decisions which serve the County's best interest and follow the missions and objectives of the department

***Certificates, Licenses, Registrations***

- Current Commonwealth of Kentucky driver’s license
- Certification in use and care of firearms or a willingness and ability to acquire such certification including the use of a pistol and 12 gauge shotgun on an annual basis with the Hardin County Sheriff Office Firearm Instruction
- Current Level 1 National Animal Control Academy Certification or willingness and ability to obtain within one year

***Other Knowledge and/or Skills***

- Exercise mature judgment, courtesy and tact in dealing with the public, elected officials, and government employees on the telephone or in person
- Ability to operate vehicles and weapons used in the performance of job duties
- Ability to establish and maintain effective relationships with other employees and the general public
- Ability to perform aspects of the job which routinely include pursuing animals in all environments
- Ability to routinely lift heavy objects (up to 100 pounds)

**Physical Demands**

The physical demands described represent those required to successfully perform the essential job functions. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing job duties, the employee could reasonably be expected to:

Regularly (over 2/3 of regular work day)

Stand, walk or run  
Talk or hear  
Lift and/or move up to 100 pounds  
Operate a vehicle or heavy equipment

Occasionally (under 1/3 of regular work day)

Sit  
Reach with hands and arms  
Use hands to type, handle papers, tools, etc.

Vision requirements include close, distance, color, and peripheral vision, depth perception, and the ability to adjust focus.

**Work Environment**


The work environment characteristics described represent those encountered while performing the essential job functions. Work involves at certain times being in dangerous situations by facing vicious and/or diseased animals or hostile animal owners. Work environment includes all weather conditions. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

The noise level is usually moderate to high.

**Comments**

- Must display the following:
  - Positive communication
  - Objectivity
  - Willingness to solve problems
  - Commitment to serve the county's best interests
  
- Must adhere to the applicable provisions of the department rules and regulations, the personnel policy manual, Hardin County Administrative Code, Kentucky Revised Statutes, and any other procedures, rules, regulations, and policies set forth by appropriate authorities
- Must be neat in appearance
- Must have personal integrity and remain free of felony convictions
- Must maintain confidentiality when required
- Must be at least 21 years of age

Date Approved: 1/22/13

  
Harry L. Berry  
Hardin County Judge/Executive



# HARDIN COUNTY GOVERNMENT EMPLOYMENT APPLICATION

Updated November 2014

An Equal Opportunity Employer

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Date: \_\_\_\_\_

Position Applied for \_\_\_\_\_  Full Time  Part-Time  Seasonal  Temporary

Date you can begin work \_\_\_\_\_ Are you available for any shift?  Yes  No

Are you available for on call duty?  Yes  No Are you available to work overtime?  Yes  No

Please list any hours or days you cannot work \_\_\_\_\_

A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed application form.

## PERSONAL INFORMATION

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_ email \_\_\_\_\_

How long at present address? \_\_\_\_\_ Previous address? \_\_\_\_\_

Are you over 18 years of age?  Yes  No Are you over 21 years of age?  Yes  No

Are you lawfully eligible to be employed in this country?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Are you a current participant or retired from any of the Kentucky Retirement Systems?  Yes  No  
If yes, what system and when? \_\_\_\_\_

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

Do you have any relatives working for Hardin County Government?  Yes  No  
If yes, whom? \_\_\_\_\_

Have you ever worked for Hardin County Government?  Yes  No  
If yes, when? \_\_\_\_\_ What department? \_\_\_\_\_

Your name when employed by Hardin County Government, if applicable \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Issuing State \_\_\_\_\_  
Do you have a Commercial Driver's license?  Yes  No License ID# \_\_\_\_\_  
Expiration Date \_\_\_\_\_ List endorsements (if any) \_\_\_\_\_, \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No Convicted of a Misdemeanor?  Yes  No  
If yes, please explain \_\_\_\_\_

**We are a drug free environment. You will be required to have a drug test administered prior to employment**

**MILITARY SERVICE RECORDS**

Branch of Military \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_  
(Please supply a copy of your DD Form 214)

Period of Service (dates) \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

Duties and special training completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

List all experience in order starting with your present or more recent position and working backwards. Attach additional sheet(s), as needed.

|  |   |                                    |                                    |
|--|---|------------------------------------|------------------------------------|
|  |   | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part-Time |
| Present or Last Employer _____   | Dates of Employment: From : _____ To: _____ |                                    |                                    |
| Address _____  | City, State, Zip Code _____                 |                                    |                                    |
| Telephone _____  | Supervisor's Name _____                     |                                    |                                    |
| Job Title _____  | Reason for leaving _____                    |                                    |                                    |
| Description of Duties: _____<br>_____  |   |                                    |                                    |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                    |                                    |

|  |   |                                    |                                    |
|--|---|------------------------------------|------------------------------------|
|  |   | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part-Time |
| Present or Last Employer _____   | Dates of Employment: From : _____ To: _____ |                                    |                                    |
| Address _____  | City, State, Zip Code _____                 |                                    |                                    |
| Telephone _____  | Supervisor's Name _____                     |                                    |                                    |
| Job Title _____  | Reason for leaving _____                    |                                    |                                    |
| Description of Duties: _____<br>_____  |   |                                    |                                    |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                    |                                    |

|  |   |                                    |                                    |
|--|---|------------------------------------|------------------------------------|
|  |   | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part-Time |
| Present or Last Employer _____   | Dates of Employment: From : _____ To: _____ |                                    |                                    |
| Address _____  | City, State, Zip Code _____                 |                                    |                                    |
| Telephone _____  | Supervisor's Name _____                     |                                    |                                    |
| Job Title _____  | Reason for leaving _____                    |                                    |                                    |
| Description of Duties: _____<br>_____  |   |                                    |                                    |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                    |                                    |

Full Time     Part-Time

Present or Last Employer \_\_\_\_\_ Dates of Employment: From : \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_

May we contact this employer?     Yes     No

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### EDUCATION

| Name  | Address | Dates attended | Area of study and degree |
|---|---------|----------------|--------------------------|
| High School   |         |                |                          |
| College   |         |                |                          |
| Other (i.e., military, vocational, technical, etc.) |         |                |                          |

Please list your professional memberships, certificates, designations, licenses, honors, awards, fellowships, etc.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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### REFERENCES

Give names of three persons other than relatives or previous employers for references.

| Name     | Business, Trade or Profession | Address | Phone |
|----------|-------------------------------|---------|-------|
| 1. _____ |                               |         |       |
| 2. _____ |                               |         |       |
| 3. _____ |                               |         |       |

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### ADDITIONAL INFORMATION:

Did you complete this application yourself?     Yes     No

If not, who did? \_\_\_\_\_

**Hardin County Government**  
**Applicant's Statement**

I certify the above information I have supplied in and with this employment application is correct and complete to the best of my knowledge.

I agree to submit to and satisfactorily pass, when required by laws and policies, a post-offer, pre-employment drug and alcohol screen by a qualified party of the County's choosing, to submit to a post-offer physical examination by a physician of the County's choosing, and to submit to reexamination when required.

I understand if I am accepted for employment, this application does not constitute an employment contract, expressed or implied. I understand and agree if I am hired, my employment with Hardin County is on an "at-will" basis. Further, this means, if I am hired, the Hardin County Fiscal Court, the Judge/Executive, or I can end the employment relationship at any time, for any reason, or for no reason.

I hereby acknowledge additional drug and alcohol screening may be required for continued employment, and I consent to the same. I hereby agree to abide by all rules and regulations of the County.

I authorize persons, schools, current employer, previous employers, and organizations named in this application (and accompanying resume, if any) to provide the Hardin County Fiscal Court with any relevant information which may be required to arrive at an employment decision. I authorize the County to investigate my driving record, criminal history, credit history, and any other pertinent information as is necessary to arrive at an employment decision, in accordance with applicable County policy, procedure, and law. I agree to cooperate in such investigations, and release those parties supplying such information to the County from all liability or responsibility with respect to information supplied.

I agree to abide by the policies, procedures, and directives of the County. I acknowledge such policies and directives may be changed, interpreted, withdrawn, or added to by the County at any time, at the County's sole option, without any prior notice to me.

I understand that any false answers or statements made by me on this application, statement, or any supplement thereto, or in connection with the above mentioned investigations, may result in discontinuation of consideration for employment, or discharge, if I am employed.

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Applicant's Signature

Date