



Township of Bernards

1 Collyer Lane, Basking Ridge, NJ 07920

908-766-2510 • www.bernards.org

JOB POSTING

POSTING DATE: May 7, 2024

APPLICATION DEADLINE: Until position is filled

POSITION: Assistant Swim Team Coach	POSITION TYPE: Seasonal	HOURS: Varies
DEPARTMENT: Parks & Recreation	REPORTS TO: Pool Manager or Manager on Duty	

PRINCIPAL DUTIES:

Responsible for assisting the Swim Team Coach with the supervision and instruction of the competitive swimming program including teaching and deck coaching. Represents Pleasant Valley Pool at all team events and functions. Work is performed under the general supervision of the Pool Manager or Manager on Duty and the Swim Team Coach.

JOB REQUIREMENTS:

- Available for pre-season meetings with the Coaching Staff.
- Attend and oversee all scheduled practices, meets, Championships, pep rally, and team awards.
- Maintain a positive and supportive attitude toward the other members of the coaching staff, swimmers of all ability, and parents.
- Maintain a high standard of speech, dress, and behavior, which would be generally required in any work environment setting.
- Through knowledge of technical skills which includes being a master of all four competitive strokes.
- Conduct safe, effective team practices and swim meet warm-up sessions.
- Communicate as necessary with parents & other coaches regarding assignments, swimmers progress & upcoming events.
- Performs other duties as assigned by Management.
- Must possess Coach's Safety, CPR and First Aid certifications.
- Must have a competitive swimming background and possess strong coaching skills
- Must be able to supervise, monitor and guide the swim team.
- Ability to energize and teach young children as well as a team.
- Must be able to project voice across a distance.
- Ability to read, write, speak, understand, and communicate in English sufficiently to perform the duties of the position.
- Ability to establish & maintain effective, positive working relationships with co-workers, supervisors, officials, the public, etc.
- Regularly required to walk, stand & sit for long periods; talk or hear, in person & by telephone; use hands repetitively to finger, handle, feel or operate standard computer & office equipment; reach with hands & arms; crawl, climb & bend; and push & lift up to 25 pounds & specific vision abilities required by this job include close vision, color vision & the ability to adjust focus.
- Requires occasional handling and maneuvering of persons more than 100 pounds.

EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS

Licensing &/or Certifications: Must be a certified lifeguard from a nationally recognized and accredited aquatic organization. Must be certified in CPR for the Professional First Aid, AED, preferable Water Safety Instructor (WSI) Certification. Must complete Blood Borne Pathogen Training upon hire.

Experience: Must be a minimum of 16 years old and have a minimum of 3 years of experience in a competitive swimming environment.

Please submit applications to:

Bernards Township Parks & Recreation

Att: Sean O'Grady

1 Collyer Lane

Basking Ridge, NJ 07920

Fax: 908-766-1941

sogrady@bernards.org

BERNARDS TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

Effective 9/1/11, all employees of State and local government must reside in the State of NJ, unless exempted under law. If you already work for State or local government as of 9/1/11, and you do not live in NJ, you are not required to move to NJ if there is no more than a seven-day break in employment. However, if you begin your office, position or employment on 9/1/11 or later, you must reside in NJ. If you do not reside in NJ, you have one year after the date you take your office, position or employment to relocate your residence to NJ. If you do not do so, you are subject to removal from your office, position or employment.



2024

New Candidate
Pleasant Valley Pool

APPLICATION FOR EMPLOYMENT

Recreation Department, Re: Pool Employment, One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-766-1941

Application Date: _____

Name: _____

Please answer the following:

1. Please enter your available start date (open 5/25/24): _____
2. Please enter your last available work date (close 9/02/24): _____
3. I am available to work at least 1 Weekend Day per week, including Holiday Weekends - MDW, July 4th, LDW (please initial): _____
4. Please list your known vacation dates: _____

Position Applied For: Pleasant Valley Pool:

Select primary position:

*You can only work one primary position.
Please number your preferences.
1 = highest; 5 = lowest*

☐ Lifeguard

☐ Customer Relations

☐ Maintenance Attendant

**Indicates applicant possess a degree from
an accredited college or university
preferred. Refer to job description.*

☐ Lifeguard Supervisor

☐ *Assistant Manager

Select secondary position: (Optional)

☐ Head Swim Team Coach

☐ Asst. Swim Team Coach

Department: Parks and Recreation

The Township of Bernards considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

All information will be verified, and all references will be checked. Information will be kept confidential to the extent permitted by law.

PLEASE PRINT

I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS (Please print clearly. This is how you will be contacted!)
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY BERNARDS TOWNSHIP			
HAVE YOU EVER BEEN EMPLOYED BY BERNARDS TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes <input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE	SALARY DESIRED \$ _____ PER
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)		
COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:		

III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE TO BE COMPLETED		
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE TOWNSHIP DURING YOUR WORKDAY?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM / MONTH YEAR		TO / MONTH YEAR	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT			
YOUR POSITION OR TITLE:				REASON FOR LEAVING:			
MAY WE CONTACT EMPLOYER?		NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM / MONTH YEAR		TO / MONTH YEAR	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT			
YOUR POSITION OR TITLE:				REASON FOR LEAVING:			
MAY WE CONTACT EMPLOYER?		NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM / MONTH YEAR		TO / MONTH YEAR	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT			
YOUR POSITION OR TITLE:				REASON FOR LEAVING:			
MAY WE CONTACT EMPLOYER?		NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM / MONTH YEAR		TO / MONTH YEAR	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT			
YOUR POSITION OR TITLE:				REASON FOR LEAVING:			
MAY WE CONTACT EMPLOYER?		NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM / MONTH YEAR		TO / MONTH YEAR	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE		DEPARTMENT			
YOUR POSITION OR TITLE:				REASON FOR LEAVING:			
MAY WE CONTACT EMPLOYER?		NOW []		AT A LATER DATE []		NOT AT ALL []	

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?

☐ Yes ☐ No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?

☐ Yes ☐ No IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS Do NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? ☐ Yes ☐ No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? ☐ Yes ☐ No

IX. APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____