

Bernards Township Parks and Recreation 2012 Application Process
New Candidates for Summer Recreation Program and Pleasant Valley Pool
Please read the following information carefully before submitting an application

Parks and Recreation is currently accepting applications for both Pleasant Valley Pool and the Summer Recreation Program. Applications will be accepted continually throughout the summer of 2012. Please read specific job descriptions carefully for position expectations and requirements.

Timeline Information

- ❖ Not every candidate who submits an application is guaranteed an interview.
- ❖ Interviews will take place in April, 2012.
- ❖ Candidates who submit applications on or before **Friday, March 23rd, 2012** will be contacted regarding employment via regret letter or interview request. Interview requests will depend on specific position needs.
- ❖ Candidates who submit applications after **Friday, March 23rd, 2012** may NOT be contacted by the Recreation Department. Candidates are still encouraged to apply in the event position needs become available.



JOB DESCRIPTION

DATE: January 2012

JOB TITLE: Swim Instructor
DEPARTMENT: Parks & Recreation
REPORTS TO: Pool Management
STATUS: F/T P/T Regular Seasonal Temporary
HRS/WK: 2-10 hrs/wk
SCHEDULE: M-F Other, specify: Varies

I. **SUMMARY**

Briefly describe what the position was created to accomplish.

Under the direction of Pool Management, responsible for the life, safety, welfare and enjoyment of Pleasant Valley Pool members and guests while inside the facility. Work is performed under general supervision of Pool Management.

Instructors are scheduled as needed.

2. **WORKING CONDITIONS**

The environment in which the job is performed, especially any unique conditions outside a normal office environment.

Office Other – Explain: Work is performed at Pleasant Valley Pool – outside weather conditions. May be exposed to heat, cold, wet or humid conditions.

3. **ESSENTIAL FUNCTIONS**

The tasks, duties and responsibilities of the position that are most important to get the job done.

SWIM INSTRUCTOR

- Prepare class environment prior to start time, including lesson plans, equipment and general safety.
- Begin and end class on time.
- Remain after class to answer participant and/or parent questions as needed and for clean up.
- Instruct, test and evaluate students.
- Maintain order and discipline in class to ensure a safe environment and promote a learning atmosphere.
- Submit completed reports, skill sheets and attendance information in a timely manner to the Pool Management.
- Demonstrate skills as required for class content. Use teaching aids when needed.
- Provide a positive example to participants through conduct, dress and manners.
- Perform other duties as assigned by Management.

4. **KNOWLEDGE, SKILLS AND ABILITIES**

The specific minimum competencies required for job performance.

- Knowledge of water rescue methods and techniques.
- Knowledge of and ability to administer first aid and life resuscitation (CPR) techniques.
- Knowledge of the surveillance methods used to recognize and prevent injuries in bathing areas.
- Knowledge of water rescue equipment and the ability to maintain such equipment.
- Ability to swim in accordance with certification standards.

- Ability to remain calm during water-rescue operations.
- Ability to positively interact with the general public.
- Ability to teach young children.
- Must be able to remain alert with no lapses of consciousness.
- Must be able to sit for extended periods of time, including in an elevated chair.
- Must be able to project voice for long distances.
- Must be able to hear and recognize noises and distress signals in the pool environment.
- Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position.
- Frequently must lift, move and carry up to 50 pounds. Requires occasional handling and maneuvering of persons in excess of 100 pounds.
- Must be able to follow direction.
- Ability to work in outside weather conditions which may include exposure to heat, cold, wet or humid conditions.
- Ability to establish and maintain effective, positive working relationships with co-workers, supervisors, officials, the public, etc.

5. **EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS**

The minimum level of education and experience required to perform the job.

Licensing &/or Certifications: Must hold current Lifeguard, CPR and First Aid certification recognized by the State of New Jersey Department of Health & Senior Services.

Experience: At least one year of experience is recommended, but not required.

Special Requirements:

- Must be at least 16 years of age.
- Will be required to attend a pre-season orientation including Blood Bourne Pathogen training, date TBD.
- Will be required to attend staff meetings during the season as scheduled by the Pool Manager.
- Will be required to pass a sex-offender background check if over the age of 18.

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.

Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-766-1941

Application Date: _____

Name: _____

Position Applied For: Pleasant Valley Pool

Select primary position:

*You can only work one primary position.
Please number your preferences in order.
1 = highest; 4 = lowest*

Lifeguard

Sr. Customer Relations

Maintenance

Customer Relations

Select secondary position:

(Optional)

Head Swim Team Coach

Asst. Swim Team Coach

Swim Instructor

Jr. 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.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE PRINT

I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS
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
HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses, which has not been sealed or otherwise cleared from your record? IF YES, EXPLAIN INCLUDING PERIODS OF REHABILITATION. (A yes answer is not an automatic bar to employment.)			<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	TO
				/	/
				MONTH YEAR	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	TO
				/	/
				MONTH YEAR	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	TO
				/	/
				MONTH YEAR	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	TO
				/	/
				MONTH YEAR	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	TO
				/	/
				MONTH YEAR	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: