



## BERNARDS TOWNSHIP JOB POSTING

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POSTING DATE: 1/14/10    **APPLICATION DEADLINE: Until Positions Are Filled**

DATE POSITION WILL BECOME AVAILABLE: March 2010

POSITION:        Golf Ranger

POSITION TYPE:     Regular         Seasonal         Temporary

DEPARTMENT:    PARKS AND RECREATION, COAKLEY-RUSSO MEMORIAL GOLF COURSE

POSITION REPORTS TO: Golf Shift Supervisor, Golf Operations Supervisor, Director of Parks & Recreation

HOURS/WEEK: 15-30                      OVERTIME STATUS: EXEMPT (not eligible for O/t)

GRADE LEVEL: n/a    SALARY RANGE: Starting at \$7.25 per hour

UNION REPRESENTATION:    Not Applicable

**PRINCIPAL DUTIES:** Investigates causes of delay in play on the golf course; Resolves problems that occur between individuals or groups of individuals; Interprets and enforces golf and course rules and regulations; Cleans and fills ball washers and replaces towels; Maintains water coolers on course, keeping them filled and replacing cups supplied as needed; Removes trash and recyclables from receptacles on the course; Operates and maintains the golf cart, reporting any maintenance issues to the Shift Supervisor and/or Golf Operations Supervisor; Calls the Shift Supervisor and/or Golf Operations Supervisors' attention to physical features that delay the game; Patrols the golf course to keep non-players, animals, etc. away from the area of play; Act as a starter when necessary, including verifying tee times, organizing players into threesomes and foursomes, factoring in walk-ons, and maintaining applicable player spacing; Assists in the repair of divot marks on fairways and ball marks on greens; reminds all players to do the same; Maintains a log of daily completed assignments; Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and work cooperatively and jointly to provide seamless customer service; Establishes and maintains effective working relationships with other employees, officials, the Department of Parks & Recreation and all members of the general public; Other duties as assigned.

**REQUIREMENTS:** Ability to follow written and oral instructions and follow plans concerning work assignments. Ability to read, write, speak, understand and communicate in English sufficient to perform the duties of this position. Ability and knowledge of the rules and etiquette of golf. Ability to operate a motorized golf cart. Ability to maintain effective working relationships with the associates, subordinates, participants, and the general public. Ability to work in outside weather conditions exposed to heat, cold, wet or humid conditions. The noise level in the work environment is usually moderate. Ability to walk terrain of a nine hole golf course. Ability to regularly lift and/or move up to 10 pounds and frequently lift and or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception, and ability to focus.

**EDUCATION & EXPERIENCE:** High school diploma or general education degree (GED). A valid appropriate Driver's License.

**CONTACT:** The Department of Parks & Recreation - 908-204-3003 or recreation@bernards.org

Equal Opportunity Employer



# APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-3015

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

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

### Building Location:

- Administration Building - One Collyer Lane
- Police Building - One Collyer Lane
- Engineering Services Building – 277 South Maple Avenue
- Health Department - 262 South Finley Avenue
- Bernards Township Library - 32 South Maple Avenue
- Bernards Township Sewerage Authority Plant – 726 Martinsville Road

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<br>\$ _____ PER |
| ARE YOU EMPLOYED NOW?<br><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<br>DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>12              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| TECHNICAL OR COMMERCIAL  |                            |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| COLLEGE  |                            |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| OTHER (SPECIFY)  |                            |                 | 1 2 3 4                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
| ARE YOU TAKING ANY COURSE OF STUDY NOW?    IF YES, PROVIDE DETAILS:<br><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:

