



JOB DESCRIPTION

DATE: January 2010

JOB TITLE: Customer Relations
DEPARTMENT: Parks & Recreation
REPORTS TO: Pool Management & Sr. Customer Relations

STATUS: F/T P/T Regular Seasonal Temporary
HRS/WK: 15-40 hours per week **SCHEDULE:** M-F Other, specify: Varies, weather conditions may affect minimum hours per week

1. **SUMMARY**

Briefly describe what the position was created to accomplish.

Under the direction of Pool Management and Sr. Customer Relations, provides quality customer service to members and guests. Handles cash transactions at the point of sale. Work is performed under general supervision of Pool Management

2. **SUPERVISORY RESPONSIBILITIES**

The scope of the person's authority, including a list of jobs that report to this position.

N/A

3. **WORKING CONDITIONS**

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

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

4. **ESSENTIAL FUNCTIONS**

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

- Dress in proper work attire.
- Greet members and guests.
- Handle phone and in-person inquiries regarding pool operation, policies and procedures.
- Scan membership ID card to maintain accurate visit records.
- Log and report ID card scan errors.
- Ensure only members and their paid guests enter the facility.
- Handle cash transactions at point of sale.
- Direct potential members to the Parks & Recreation main office for information on how to apply for membership.
- Distribute forms and other printed information to the public when appropriate.
- Perform other guest relations related assignments including but not limited to game window operations, member surveys and event promotion.
- Performs other duties as assigned by management.

5. KNOWLEDGE, SKILLS AND ABILITIES

The specific minimum competencies required for job performance.

- Must be able to work with cash and make change.
- Must be able to type and use a computer keyboard.
- Ability to analyze, interpret and understand policies and procedures.
- Ability to communicate effectively with different kinds of people and provide them with proper information.
- Ability to deal tactfully when handling complaints.
- Ability to establish and maintain effective, positive working relationships with co-workers, supervisors, officials, the public, etc.
- Ability to work in outside weather conditions exposed to heat, wet, or humid conditions.
- Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position.

6. EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS

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

- Must be a minimum of 14 years of age.
- Will be required to attend a pre-season orientation, date TBD.
- Will be required to attend 2 pre-season work days at Pleasant Valley Pool, scheduled on weekends in May, exact 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.

7. SUCCESS FACTORS

Personal characteristics and behaviors that contribute to an individual's ability to excel on the job. Some examples follow:

- Enthusiastic
- Punctual
- Responsible
- Organized
- Honest
- Professional Work Ethic
- Reliable
- Patient



APPLICATION FOR EMPLOYMENT

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

Application Date: _____

Name: _____

Position Applied For: Pleasant Valley Pool

Select primary position: Lifeguard/Swim instructor Sr. Lifeguard/Swim Instructor
 Customer Relations (Gate Guard) Sr. Customer Relations (New)
 Maintenance Asst. Manager

You may only work one primary position. Please number your preferences in order.
 1: highest; 6: lowest

Select secondary position: Head Swim Team Coach Asst. Swim Team Coach
 (Optional) Jr. Swim Team Coach

Department: Parks and Recreation

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 \$ _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN
ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: