



# JOB DESCRIPTION

DATE: January 2010

**JOB TITLE:** Maintenance – Pleasant Valley Pool

**DEPARTMENT:** Parks & Recreation

**REPORTS TO:** Pool Management

**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, responsible for the maintenance and safety of the facility, including the buildings, grounds, pools and pool areas. Work is performed under general supervision of Pool Management.

## 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.*

- Must be dressed in proper staff attire.
- Present a professional attitude at all times and maintain a high standard of customer service.
- Vacuum and clean pools and pool deck areas.
- Monitor water chemistry and adjust levels when needed.
- Back wash pools.
- Clean skimmer baskets.
- Monitor and maintain chlorinator supplies to ensure proper operation.
- Perform daily clean-up (i.e., bathrooms, garbage, etc.)
- Enforce all established rules and regulations.
- Keep the pool deck area clean and free from hazards.
- Follow appropriate reporting procedures for accidents and incidents.
- Perform other duties as assigned by the Manager on duty.

## 4. **KNOWLEDGE, SKILLS AND ABILITIES**

*The specific minimum competencies required for job performance.*

- Basic knowledge of the maintenance, repair and manual tasks of the area assigned.
- Basic knowledge of the safe use and operation and preventive maintenance of mechanical equipment used in the work.
- Ability to operate simple machinery and equipment.
- Frequently required to move 80 pounds and occasionally up to 125 pounds.
- Ability to understand, remember and carry out oral and written directions and assignments and to learn quickly from explanations and demonstrations.
- Ability to develop effective work habits and methods.

- Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position.
- 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:** N/A

**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 Borne Pathogen training, 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.



# 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 [ ]
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**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
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**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
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**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: