

# City of Greencastle Parks and Recreation Department

**Position:** Assistant to the Aquatics Director

**Responsible to:** Aquatics Manager and Park Superintendent (Parks & Recreation Director as Certified Pool Operator)

**Employment Terms:** Seasonal

**Department:** Parks and Recreation

**General Statement of Duties:** Under the direction of the Aquatics Director and the Park Superintendent performs supervisory and skilled maintenance work overseeing the operation and maintenance of the aquatics center and performs related duties as required. Exercises general and technical supervision of seasonal aquatics center lifeguard, concession, cashiers, and maintenance staff.

**Minimum Qualifications:**

- At least 18 years of age
- Possess a valid State of Indiana Driver's License
- Possess current American Red Cross First Aid and CPR, and Lifeguarding Certifications. Water Safety Instructor (WSI), and Lifeguard Instructor (LGI)
- At least one year of supervision in an aquatics or recreation setting preferred
- Ability to be bonded

**Duties and Responsibilities:**

- Reports to work prior to scheduled time in full uniform
- Assists with management of the Aquatic Center, staff management, facility maintenance, water quality, water safety, admissions, concessions operations, surrounding public grounds and parking lots
- Assists with administration of the aquatic center's programs, pool rentals and special events
- Assists with training, supervising, evaluating, and disciplining lifeguard, concessions, cashier and maintenance staff
- Assists with planning and assigning work schedules for employees
- Assists with scheduling, developing and leading staff in-service training. In addition, assists with training agendas, records staff attendance and maintains information reviewed during trainings
- Completes the necessary facility reports, accident and incident reports, operational logs, daily cash reports, and other paperwork as assigned
- Ensures every aspect of the aquatic center's operation is safe by checking the center's equipment, filter and recirculation systems and maintaining proper chemical levels
- Develops and enforces the Emergency Action System (EAS) for the aquatic center, addressing various program activities conducted throughout the day and evening.
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- Trains staff and conducts weekly drills to ensure staff and public are aware of EAS procedures and responsibilities.
- Evaluating existing situations and utilizes good judgment in making decisions concerning patrons and staff. Ensures the pool is sufficiently staffed at all times.
- Working closely with the community to involve as many people as possible in aquatic activities. Promotes a spirit of friendliness and cooperation with co-workers and the community.
- Performing all other duties as assigned.

**Knowledge, Skills and Abilities:**

- Considerable knowledge of mechanical equipment and maintenance procedures and practices of pool operations.
- Working knowledge of preventive maintenance of pool equipment.
- Ability to communicate effectively orally by telephone or in person, and in writing.
- Ability to prioritize work projects.
- Ability to analyze maintenance problems and determine an appropriate solution.
- Working ability to plan and give work direction to department staff, and oversee the work of volunteers and community service workers.
- Working ability to read and interpret technical manuals and blueprints and to determine solutions to a variety of maintenance and repair problems.
- Working ability to stand, walk, sit, bend, stoop, crouch, kneel, push, pull, twist, turn, perform repetitive movements, work in confined spaces, use large motor skills, and perform manual labor for extended periods of time, sometimes under adverse weather conditions.
- Ability to operate various pool and park maintenance equipment and tools such as push lawnmowers, automated pool vacuum, and power washer.
- Ability to complete other duties as assigned.

The Greencastle Board of Park Commissioners reserves the right to reject any and all submissions based on the commission's best interest and to waive any irregularities it may see fit with an applicant's qualifications. The City of Greencastle is an Equal Opportunity Employer, which does not discriminate on the basis of race, color, religion, sex, national origin, disability, age or other unlawful bias.

I, \_\_\_\_\_, have read and understand the above job description and agree to meet the responsibilities listed to the best of my abilities.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF GREENCASTLE**  
**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws.  
 This organization provides equal employment and advancement opportunities for all persons  
 regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual  
 orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties  
 established by statute and by the policy choices of the organization's elected officials. Each employee  
 is expected to conduct him/herself in a manner that reflects favorably upon the organization and to  
 recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN BLUE OR BLACK INK				
NAME (AS IT APPEARS ON SOCIAL SECURITY / WORK PERMIT CARD):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">FIRST</td> <td style="width: 30%; border-bottom: 1px solid black;">MI</td> <td style="width: 40%; border-bottom: 1px solid black;">LAST</td> </tr> </table>	FIRST	MI	LAST
FIRST	MI	LAST		
ADDRESS:				
CITY, STATE, ZIP:				
HOME TELEPHONE:				
CELL PHONE:				
E-MAIL:				
ARE YOU AT LEAST 18 YEARS OLD?				
OTHER NAMES YOU HAVE USED:				
POSITION APPLIED FOR:				
SALARY REQUIREMENTS:				
REFERRED FOR THIS POSITION BY:				
DATE AVAILABLE:				
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?				
IF YES, DATES EMPLOYED, DEPARTMENT, SUPERVISOR AND REASON FOR LEAVING:				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (DO NOT INCLUDE ANY CONVICTIONS THAT HAVE BEEN EXPUNGED)				
IF YES, GIVE LOCATION, DATE, CHARGE AND DISPOSITION OF CASE(S) ON A SEPARATE PAGE:				

U.S.MILITARY SERVICE						
<b>IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>						
BRANCH OF SERVICE:						
DATES SERVED:		FROM:	TO:			
TYPE OF DISCHARGE:						
EDUCATION / SKILLS						
<b>EDUCATIONAL LEVEL</b>						
<b>HIGH SCHOOL</b>						
	NAME	CITY	STATE			YRS COMPLETED
<b>COMMUNITY COLLEGE</b>						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
<b>BUSINESS OR TRADE SCHOOL</b>						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
<b>COLLEGE OR UNIVERSITY</b>						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
<b>GRADUATE SCHOOL</b>						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
COMPUTER SOFTWARE SKILLS						
COMPUTER SOFTWARE	NAME OF SOFTWARE			YOUR PROFICIENCY WITH THE SOFTWARE		
WORD PROCESSING				SKILLED	COMPETENT	FAMILIAR
SPREADSHEET				SKILLED	COMPETENT	FAMILIAR
DATABASE				SKILLED	COMPETENT	FAMILIAR
OTHER				SKILLED	COMPETENT	FAMILIAR
LICENSES / CERTIFICATIONS / ORGANIZATIONS						
<b>PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED)</b>	TYPES OF LICENSES AND CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR	
<b>PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED)</b> EXCLUDE MEMBERSHIPS THAT INDICATE YOUR RACE, RELIGION, COLOR, ANCESTRY, SEX, AGE, DISABILITY OR VETERAN STATUS	NAME			DATES		
JOB RELATED TRAINING						
<b>NAME OF COURSE</b>	<b>YEAR COMPLETED</b>	<b>SKILLS DERIVED FROM COURSE</b>				

**EMPLOYMENT HISTORY: BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST YOUR  
WORK HISTORY FOR THE PAST TEN YEARS. INCLUDE PART-TIME, SEASONAL, TEMPORARY AND  
ALL PERIODS OF UNEMPLOYMENT. FOR DATES EMPLOYED USE THE FORMAT MM/YY.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.**

<b>DATES WORKED FROM AND TO:</b>
<b>FINAL SALARY/WAGE:</b>
<b>NAME AND ADDRESS OF EMPLOYER:</b>
<b>EMPLOYER'S PHONE NUMBER:</b>
<b>JOB POSITON OR TITLE:</b>
<b>DESCRIPTION OF DUTIES:</b>
<b>NAME OF SUPERVISOR AND PHONE NUMBER:</b>
<b>NAME OF 1 OR 2 CO-WORKERS AND PHONE NUMBERS IF KNOWN:</b>
<b>REASON FOR LEAVING:</b>
<b>BASE SALARY:</b> MONTHLY WEEKLY HOURLY
<b>OTHER COMPENSATIONS OR BONUSES:</b>

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<b>REASON FOR LEAVING:</b>
<b>BASE SALARY:</b> MONTHLY WEEKLY HOURLY
<b>OTHER COMPENSATIONS OR BONUSES:</b>

**NOTICE: STOP**

**PLEASE MAKE SURE YOU HAVE MADE AS MANY ADDITIONAL COPIES OF THE FOLLOWING PAGE AS YOU WILL  
NEED TO LIST ALL OF YOUR JOBS. DO NOT CONTINUE UNLESS YOU ARE SURE YOU HAVE ENOUGH COPIES.**

(THIS PAGE IS TO BE COPIED FOR RECORDING ADDITIONAL EMPLOYMENT INFORMATION)

<b>DATES WORKED FROM AND TO:</b>			
<b>FINAL SALARY/WAGE:</b>			
<b>NAME AND ADDRESS OF EMPLOYER:</b>			
<b>EMPLOYER'S PHONE NUMBER:</b>			
<b>JOB POSITON OR TITLE:</b>			
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<b>REASON FOR LEAVING:</b>			
<b>BASE SALARY:</b>	MONTHLY	WEEKLY	HOURLY
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<b>REASON FOR LEAVING:</b>			
<b>BASE SALARY:</b>	MONTHLY	WEEKLY	HOURLY
<b>OTHER COMPENSATIONS OR BONUSES:</b>			

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

**REFERENCES**

DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES. LIST ONLY REFERENCES WHO HAS A DEFINITE KNOWLEDGE IF YOUR QUALIFICATIONS AND FIT FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT THE NAMES OF SUPERVISORS LISTED IN THE EMPLOYMENT SECTION OF THIS APPLICATION.

Name	Years Known	Address	Phone

**EMERGENCY CONTACT**

NAME:	
RELATIONSHIP:	
ADDRESS:	
HOME PHONE:	
CITY, STATE, ZIP:	
BUSINESS PHONE:	

## **AUTHORIZATION AND AGREEMENT**

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made known to the Human Resource Manager.

I certify the information provided in the application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand that acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason: similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_