

CITY OF GREENCASTLE PARKS & RECREATION DEPARTMENT

Position Title: **Concession Stand Manager**

Responsible to: Park Superintendent (Parks & Recreation Director) & Aquatics Director

Department: Parks & Recreation

Employment Terms: Seasonal

General Statement of Duties: Under the direction of the Park Superintendent and Aquatics Director, oversees operations of the Greencastle Aquatics Center and Softball concession stands, supervises concessions personnel, prepares and serves food and beverage to guests at the Greencastle Aquatics Center and Softball concession stands responsibly in accordance with departmental operational standards and State of Indiana Health Department standards.

Minimum Qualifications:

- Possess ServSafe Training Certification or ability to complete
- Minimum of 1-year experience in foodservice position require
- Possess a valid State of Indiana Driver's License
- Previous cash handling and cash register experience
- American Red Cross CPR and First Aid Certifications

Duties and Responsibilities:

- Reports to work at scheduled time in uniform
- Supervises and coordinates activities of concession personnel on a per shift basis, including training, counseling and enforcing work procedures and service standards
- Observes, evaluates and documents job performance of concession personnel
- Inspects all concession stands in the assigned area
- Knowledge and ability to operate concession equipment including: deep fryer, microwave, nachos and hotdog warmers and other equipment
- Ensures that all equipment is set up properly and operating efficiently and accurately
- Ensures all concession stands and surrounding areas remain clean, sanitized and safe
- Analyzes and resolves all problems with personnel, guests and the operation with the assistance of management
- Cashes out personnel following cash handling procedures; investigates "over and shorts" with personnel
- Estimates, inspects supplies and orders inventory when needed
- Inspects and ensures accuracy of all deliveries
- Adheres to and enforces inventory and labor control measures
- Assists concession personnel in serving guests as business levels demand
- Performs other duties as assigned by the supervisor

Knowledge, Skills & Abilities:

- Excellent guest service skills, verbal communication skills and listening skills with the ability to take food and beverage orders and fill those orders correctly

- Must be dependable and a self-starter; ability to work independently
- Strong leadership skills; ability to delegate and coach others
- Ability to communicate job procedures and give clear concise instructions
- Ability to read and interpret deliveries and purchases
- Ability to follow job procedures and manager instructions
- Ability to lift, move, maneuver up to 100 lbs. and carry for a short distance from delivery trucks to freezers, coolers or other storage area and then to preparation areas
- Ability to remain standing and walking for entire length of shift; constant walking, bending, reaching, standing, lifting, stretching, twisting and repetitive motions
- Ability to move rapidly and coordinate multiple orders.
- Pushing and pulling occasionally, to move equipment, mops and brooms
- Hazards include, but are not limited to, cuts from broken glass, metal cans, scalds and burns, slipping and tripping
- May be exposed to variable temperatures, including extreme heat and cold, depending on foods being served
- Ability to work in a fast paced environment, may be required to work in confined and/or narrow spaces
- Have knowledge of fees and charges, and their recording requirements relating to concessions operations.
- Responsible for handling money in a safe and accurate manner.
- Maintains an acceptable appearance of both dress and personal hygiene.
- Stock merchandise and maintain inventory records.
- Prepare and sell concessions to the public.
- Maintain his/her work area to appropriate facilities and state health department standards.

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 APPICATION
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):	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:		
POSITON 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 DISPOSITON OF CASE(S) ON A SEPARATE PAGE:		

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 UNEMPLOMENT. FOR DATES EMPLOYED USE THE FORMAT MM/YY.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

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

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OTHER COMPENSATIONS OR BONUSES:			

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NAME OF 1 OR 2 CO-WORKERS AND PHONE NUMBERS IF KNOWN:			
REASON FOR LEAVING:			
BASE SALARY:	MONTHLY	WEEKLY	HOURLY
OTHER COMPENSATIONS OR BONUSES:			

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)

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

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OTHER COMPENSATIONS OR BONUSES:			

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FINAL SALARY/WAGE:			
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NAME OF SUPERVISOR AND PHONE NUMBER:			
NAME OF 1 OR 2 CO-WORKERS AND PHONE NUMBERS IF KNOWN:			
REASON FOR LEAVING:			
BASE SALARY:	MONTHLY	WEEKLY	HOURLY
OTHER COMPENSATIONS OR BONUSES:			

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 _____