

**GREENCASTLE PARKS & RECREATION DEPARTMENT
JOB DESCRIPTION**

Position Title: **Learn-To-Swim Instructor**
Responsible to: Aquatics Director and Assistant Manager
Department: Parks & Recreation
Employment Terms: Seasonal

General Statement of Duties: Under the direction of the Aquatics Director and Learn-To-Swim Coordinator coordinates, plans and teaches Learn-To-Swim and Water Babies Lessons, and Water Safety Courses.

Minimum Qualifications: (Current certification in the following is preferred)

- American Red Cross Water Safety Instructor
- American Red Cross Lifeguard Training and First Aid
- American Red Cross CPR for the Professional Rescuer
- Other certifications required by local or state laws

Knowledge and Skills:

- Thorough knowledge and application of teaching swimming and water safety skills
- Strong leadership and public relations, communication and decision-making skills

Responsibilities:

- Familiarity with American Red Cross Learn-to-Swim levels, other Red Cross water safety courses and know how to use course materials effectively
- Adapt teaching approaches to the age, experience and ability of participants, so they can meet course objectives
- Provide for the health and safety of participants, including ensuring that all teaching and practice areas are free of hazards, and that materials and equipment are safe
- Cover all material required in a level
- Communicate regularly with participants and their parents, as appropriate, to ensure they are aware of progress
- Recognize and respond effectively in emergencies in accordance with facility emergency action plans
- Enforce all aquatic facility policies, rules and regulations
- Complete records and reports in a timely manner
- Participate in regular in-service training sessions
- Complete additional duties as assigned by supervisor

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: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">FIRST</td> <td style="text-align: center; font-size: small;">MI</td> <td style="text-align: center; font-size: small;">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						
IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:						
BRANCH OF SERVICE:						
DATES SERVED:		FROM:	TO:			
TYPE OF DISCHARGE:						
EDUCATION / SKILLS						
EDUCATIONAL LEVEL						
HIGH SCHOOL						
	NAME	CITY	STATE			YRS COMPLETED
COMMUNITY COLLEGE						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
BUSINESS OR TRADE SCHOOL						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
COLLEGE OR UNIVERSITY						
	NAME	CITY	STATE	DEGREE	MAJOR	YRS COMPLETED
GRADUATE SCHOOL						
	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						
PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED)	TYPES OF LICENSES AND CERTIFICATIONS	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR	
PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED) EXCLUDE MEMBERSHIPS THAT INDICATE YOUR RACE, RELIGION, COLOR, ANCESTRY, SEX, AGE, DISABILITY OR VETERAN STATUS	NAME		DATES			
JOB RELATED TRAINING						
NAME OF COURSE	YEAR COMPLETED	SKILLS DERIVED FROM COURSE				

**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.**

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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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 POSITION 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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BASE SALARY:	MONTHLY	WEEKLY	HOURLY
OTHER COMPENSATIONS OR BONUSES:			

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REASON FOR LEAVING:			
BASE SALARY:	MONTHLY	WEEKLY	HOURLY
OTHER COMPENSATIONS OR BONUSES:			

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 _____