



Dear Recreation Leader Applicant:

The City of Otsego would like to thank you for your interest in the Recreation Leader position. Included with this letter are the application materials for this position, which should consist of the following document:

1. **A copy of the Job Description.** Do not return this document, keep for your records.
2. **An Application for Employment form.** Be sure to answer all questions and sign your application. If a question or section of this form does not apply, then write "N/A" in response to that question to indicate that it is Not Applicable. Applications that are not signed or contain blanks may be removed from consideration for incompleteness. Return this document.
3. **A Veterans Preference Status Form.** Please be sure to complete this form and return it with your application. If the form is not completed preference points will not be applied.
4. **Tennessee Warning Form.** Please sign and return.
5. **Returning Application Packet.** Please return your application packet (completed application, Veterans Preference Status Form, Tennessee Warning and any other items you wish to submit for consideration for employment) to:

Human Resources  
City of Otsego  
13400 90<sup>th</sup> Street NE  
Otsego, MN 55330

Applications accepted until position is filled. If you have any questions regarding the position or application packet, you can contact Kathy in the Human Resource Department at (763)441-4414 or email [kgrover@ci.otsego.mn.us](mailto:kgrover@ci.otsego.mn.us).



## Position Description

Position: Part-time Recreation Leader  
FLSA Status: Non-Exempt  
Approved:

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### **DESCRIPTION OF WORK**

General Statement of Duties: Responsible for the coordination and supervision of programs, activities and usage of the parks within the City, Prairie Center building supervision.

Immediate Supervisor: Parks and Recreation Director

Supervises: None

Provides Work Direction to: Part-time Recreation Program Assistants

### **MAJOR JOB FUNCTIONS**

1. Recreation:
  - a. Participate in the development and implementation of the lesson plans which emphasize fun and the basic skills of the sport/program
  - b. Participate in scheduled staff meetings; contribute ideas and suggestions for the program
  - c. Instruct and supervise programs using positive techniques and clear guidelines to maintain a relaxed, orderly atmosphere
  - d. Traveling from location to location, hauling supplies
  - e. Be knowledgeable about all accident and emergency procedures. Assure all situations are handled safely and all necessary reports are completed promptly
  - f. Park cleanup before and after program
  - g. Prairie Center Building Supervisor

2. General
  - a. Confer with supervisor, peers, and employees to discuss and resolve issues
  - b. Provide exceptional customer service
  - c. Follow all safety policies and procedures
  - d. Follow all City policies and procedures
  - e. Promote a positive and motivating environment
  - f. Perform other duties and projects as assigned

## **KNOWLEDGE, SKILLS AND ABILITIES**

- Demonstrable knowledge of and experience in recreation programs and activities
- Ability to communicate clearly, professionally, effectively, and precisely both verbally and in writing
- Ability to resolve and diffuse conflicts
- Strong sense of honesty, integrity, and credibility

## **MINIMUM QUALIFICATIONS**

1. At least 16 years of age or over
2. Valid driver's license
3. Experience working with young children and/or leading group activities
4. Ability to work with and get along with others
5. Ability to lead and handle large groups
6. Ability to work well with minimal supervision
7. Ability to organize and prioritize work
8. CPR certification and first aid training

## **PREFERRED QUALIFICATIONS**

1. Knowledge of the philosophy and objectives of public recreation

## **PHYSICAL REQUIREMENTS**

The physical requirements checked on the attached sheet are representative of those that must be met to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Note: This job description does not constitute a contract or employment agreement.**



## CITY OF OTSEGO APPLICATION FOR EMPLOYMENT

13400 – 90<sup>th</sup> Street NE  
 Otsego, MN 55330  
 Tel: (763) 441-4414  
 Fax: (763) 441-9163  
[www.ci.otsego.mn.us](http://www.ci.otsego.mn.us)

If you require special accommodations for completing the application or testing process (if testing is necessary), please state in writing, at the time of completing this application form.

<b>Personal Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
Street Address	City	State	Zip Code
Contact Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
<b>Title of Position Applying For</b>			<b>Date Available to Work</b>
Have you been previously interviewed or employed by the City of Otsego? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the City of Otsego? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	



<b>Education</b>					
<b>Name and Location</b>		<b># Years Completed</b>	<b>Major Area of Study</b>	<b>Degree/Diploma</b>	
High School					
College					
Technical or Certificate Programs					

<b>Employment History</b>		
Please provide the following information for your previous employers: <i>(Attach additional pages as needed.)</i>		
Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor Name / Contact Information:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor Name / Contact Information:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		



Employer:	Dates Employed: From _____ To _____	Job Title: Supervisor Name / Contact Information:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Describe your qualifications for the position you are seeking: (Please include skills, special training, etc.)

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Please list any education and professional awards, honors, scholarships, or offices held.

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Please list professional association memberships related to this position and list your involvement with the association.

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**References** Please list names of supervisors, managers, or others who can comment directly on your work experience, education, or work abilities:

Name	Address	Phone #	Title/Relationship/Occupation	Years Known

If applying for Public Works or Building Department Position, Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_

Class B \_\_\_\_\_

Class D \_\_\_\_\_



<b>Election of Veteran's Preference</b>	
Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so please check the preference you are claiming.	
<input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).	
<input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).	
<input type="checkbox"/> Spouse of deceased veteran.	
<input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.	
Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.	
Signature _____	Date _____

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The City of Otsego is an Equal Opportunity Employer. It is the policy of the City of Otsego not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**TENNESSEN WARNING**

CITY OF OTSEGO  
13400 – 90<sup>th</sup> STREET NE  
OTSEGO, MN 55330

In accordance with the Minnesota Government Data Practices Act, the City of Otsego is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the City of Otsego.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by the City of Otsego. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the City of Otsego may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. City Administration Staff
2. City Council
3. Managers and Supervisors of Departments Where Job Openings Occur

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Clerk of the City of Otsego.

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I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

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Signature

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Date

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Print Name

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Address