



Position Description

Position: Part-time Recreation Leader
FLSA Status: Non-Exempt
Approved: September 26, 2016

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: Recreation Administrative Assistant

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 90th Street NE
 Otsego, MN 55330
 Tel: (763) 441-4414
 Fax: (763) 441-9163

We welcome you as an applicant for employment with the City of Otsego. It is the City of Otsego's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, family status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek.

If you require special accommodations for completing the application or testing process (if testing is necessary), please notify the Human Resource department of the City of Otsego, in writing, at the time of completing this application form.

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Phone Number: _____	Are you 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>		
Alternate Number: _____			
Email: _____			
Are you at least 18 years old? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
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?	

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

Employment History - Please provide the following information for your previous three employers starting with the most current. Please note "see resume" is not an acceptable response for any entries on this application. <u>Resumes will only be considered in addition to, but not in lieu of, this application.</u>		
Employer:	Dates Employed:	Job Title:
Supervisors Name:	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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

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

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

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

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

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

Name	Email Address	Phone #	Title/Relationship/Occupation	Years Known

COMPLETE IF POSITION REQUIRES A VALID DRIVER'S LICENSE

Do you possess a valid driver's license?

Yes _____ No _____

If yes, what state is your license valid? _____

Please check which license you hold:

Class A _____ Class B _____ Class C _____ Class D _____



VETERAN'S PREFERENCE POINTS APPLICATION

Do you wish to apply for Veteran's Preference points: Yes No

If you are applying for veteran's preference points, this form must be returned with your employment application form. This form is used to determine your status as a veteran under the Veteran's Preference Statute, Minnesota Statutes, 43A.11. Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. You are not required to supply this information; however, points cannot be awarded without it.

To be eligible for veteran's preference points you must:

- Be separated under honorable conditions from any branch of the armed forces for the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while on active duty;
- Or, be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who, because of a disability is not able to qualify;
- Be a citizen of the United States or a resident alien;
- NOT be receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

To claim veteran's preference points, you must supply a PHOTOCOPY of:

- Form DD214;
- Form FL-802 or an equivalent letter from a service retirement board if you are a disabled veteran;
- Marriage certificate and the veteran's DD214 and FL-802, or the veteran's death certificate if you are the spouse.

Preference Requested: Veteran (10 points)
 Disabled Veteran (15 points)
 Spouse of Disabled Veteran (15 points)
 Spouse of Deceased Veteran (10 points)

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them by the required application deadline date.

Signature _____

Date _____

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.

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 90th 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.

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

Signature

Date

Print Name

Address