

**WE'RE
HIRING!**

**Bernards Township Parks & Recreation
Summer Employment Opportunity
Pleasant Valley Pool**

Bernards Township is currently seeking **LIFEGUARDS** for the
2016 Pleasant Valley Pool season.



The 2016 season takes place May 28th – September 5th.
Candidates must currently hold or obtain a Lifeguard, CPR and First
Aid certification valid through 09/05/16
(See details on certification reimbursement opportunities!)



Please visit www.bernards.org for detailed job description specifics.
Select the header “Quicklinks” and “Employment” from the drop-down menu.

Printed job description and applications are also available at:

Town Hall
Recreation Department, Ground Floor
1 Collyer Lane
Basking Ridge, NJ 07920



*Bernards Township Department of Parks & Recreation
908-204-3003 www.bernards.org*



JOB DESCRIPTION

DATE: January 2016

JOB TITLE: Lifeguard
DEPARTMENT: Parks & Recreation
REPORTS TO: Pool Management
STATUS: F/T P/T Regular Seasonal Temporary
HRS/WK: 15-40 hrs/wk
SCHEDULE: M-F Other, specify: Varies - weather conditions may affect minimum hours per week. Full time work is not guaranteed.

1. SUMMARY

Briefly describe what the position was created to accomplish.

Under the direction of Pool Management, responsible for the life, safety, welfare and enjoyment of Pleasant Valley Pool members and guests while inside the facility. Work is performed under general supervision of Pool Management.

2. WORKING CONDITIONS

The environment in which the job is performed, especially any unique conditions outside a normal office environment.

Office Other – Explain: Work is performed at Pleasant Valley Pool – outside weather conditions. May be exposed to heat, cold, wet or humid conditions.

3. ESSENTIAL FUNCTIONS

The tasks, duties and responsibilities of the position that are most important to get the job done.

LIFEGUARD

- Must be dressed in proper staff attire.
- Observes bathers on assigned sections of bathing areas according to the rotation set by the Manager.
- Rescue bathers using proper rescue equipment.
- Administer artificial respiration, resuscitation and first aid treatment proper to the arrival of emergency medical staff.
- Administer basic first aid in non-emergency situations.
- Inform bathers of restrictions within the bathing area.
- Maintain rescue equipment in preparation for immediate response.
- Enforce all established rules and regulations.
- Keep the pool deck area clean and free from hazards.
- Follow appropriate reporting procedures for accidents and incidents.
- Perform other duties as assigned by Management

4. KNOWLEDGE, SKILLS AND ABILITIES

The specific minimum competencies required for job performance.

- Knowledge of water rescue methods and techniques.
- Knowledge of and ability to administer first aid and life resuscitation (CPR) techniques.
- Knowledge of the surveillance methods used to recognize and prevent injuries in bathing areas.

- Knowledge of water rescue equipment and the ability to maintain such equipment.
- Ability to enforce swimming regulations.
- Ability to swim in accordance with certification standards.
- Ability to remain calm during water-rescue operations.
- Ability to positively interact with the general public.
- Ability to teach young children.
- Must be able to remain alert with no lapses of consciousness.
- Must be able to sit for extended periods of time, including in an elevated chair.
- Must be able to project voice for long distances.
- Must be able to hear and recognize noises and distress signals in the pool environment.
- Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position.
- Frequently must lift, move and carry up to 50 pounds. Requires occasional handling and maneuvering of persons in excess of 100 pounds.
- Must be able to follow direction.
- Ability to work in outside weather conditions which may include exposure to heat, cold, wet or humid conditions.
- Ability to establish and maintain effective, positive working relationships with co-workers, supervisors, officials, the public, etc.

5. **EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS**

The minimum level of education and experience required to perform the job.

Licensing &/or Certifications: Must hold current Lifeguard, CPR and First Aid certification recognized by the State of New Jersey Department of Health & Senior Services.

Experience: At least one year of experience is recommended, but not required.

Special Requirements:

- Must be at least 15 years of age.
- Will be required to attend a pre-season orientation including Blood Borne Pathogen training, date TBD.
- Will be required to attend 2 pre-season work days at Pleasant Valley Pool, scheduled on weekends in May, exact date TBD.
- Will be required to attend staff meetings during the season as scheduled by the Pool Manager.
- Will be required to pass a sex-offender background check if over the age of 18.

Effective 9/1/11, all employees of State and local government must reside in the State of NJ, unless exempted under law. If you already work for State or local government as of 9/1/11, and you do not live in NJ, you are not required to move to NJ if there is no more than a seven day break in employment. However, if you begin your office, position or employment on 9/1/11 or later, you must reside in NJ. If you do not reside in NJ, you have one year after the date you take your office, position or employment to relocate your residence to NJ. If you do not do so, you are subject to removal from your office, position or employment.

Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-766-1941

Application Date: _____

Name: _____

Position Applied For: Pleasant Valley Pool

Select primary position:

*You can only work one primary position.
Please number your preferences in order.
1 = highest; 4 = lowest*

Lifeguard

Maintenance

Customer Relations

Select secondary position:

(Optional)

Head Swim Team Coach

Asst. Swim Team Coach

Swim Instructor

Jr. Swim Team Coach

Department: Parks and Recreation

The Township of Bernards considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____

START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE PRINT

I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY BERNARDS TOWNSHIP			
HAVE YOU EVER BEEN EMPLOYED BY BERNARDS TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes <input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE	SALARY DESIRED
		\$ _____ PER
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)		
COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR		
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:		

III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE TO BE COMPLETED		
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE TOWNSHIP DURING YOUR WORKDAY?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW []		AT A LATER DATE []		NOT AT ALL []	

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER?					
NOW []		AT A LATER DATE []		NOT AT ALL []	

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?

Yes No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?

Yes No IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS **DO NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION**

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? Yes No

IX. APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____



Bernards Township Parks & Recreation Lifeguard Certification Reimbursement Pleasant Valley Pool 2016 Season

Bernards Township Parks and Recreation is offering a financial reimbursement opportunity for seasonal employees obtaining either Lifeguard Certification or Re-certification. Please read the information below for detailed requirements.

Please complete the attached form and submit when eligible.

Reimbursement of up to \$150 for Lifeguard certification!
Reimbursement of up to \$50 for Lifeguard re-certification!
CPR/First Aid certification classes alone DO NOT qualify

You must meet the following criteria in order to receive reimbursement:

- ✓ Complete a certification/re-certification class dated between September 8th 2015 and August 5th 2016. Certification must be valid throughout the 2016 pool season ending on September 5th, 2016. Classes taken prior to 09/08/2015 will not be eligible.
- ✓ Provide a valid receipt for the class, including: Employee's Name, Date of Class, & Proof of Payment.
- ✓ Work at least 100 hours at Pleasant Valley Pool, in the Lifeguard AND/OR Swim Instructor position, during the 2016 season. Prior season hours do not qualify.
- ✓ Submit the attached form no later than Friday, September 2, 2016. Forms should not be submitted until the 100 hours minimum requirement has been met.

If you have any questions, please contact 908-204-3049 or sogrady@bernards.org.





Bernards Township Parks & Recreation Lifeguard Certification Reimbursement

Employee Name:

Date:

The Township shall reimburse up to \$150 for Lifeguard certification and up to \$50 for Lifeguard re-certification. CPR/First Aid certification classes do not qualify.

1. Course must be dated between September 8th 2015 and August 5th 2016. Certification must be valid throughout the 2016 pool season ending on September 5th, 2016. Classes taken prior to 09/08/2015 will not be eligible.
2. Must provide a valid receipt for the class, including: Employee's Name, Date of Class, & Proof of Payment.
3. Employee must have worked at least 100 hours at Pleasant Valley Pool, in the Lifeguard AND/OR Swim Instructor position, during the 2016 season. Prior season hours do not qualify.
4. Submit Lifeguard Reimbursement form no later than Friday, September 2, 2016. *Forms should not be submitted until the 100 hours minimum requirement has been met.*

FOR PROMPT PAYMENT:

1. COMPLETE THIS FORM

2. SIGN & DATE BELOW

3. ATTACH ALL RECEIPTS (must include Employee's Name, Date of Service & Proof of Payment)

4. SUBMIT TO PARKS & RECREATION DEPARTMENT

Reimbursement will be made through the payroll process and will be reflected on your check.

Service to be reimbursed (circle):

Lifeguard Certification, \$150

Lifeguard Re-certification, \$50

I do solemnly declare and certify under the penalties of the law that the above bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein.

Employee Signature:

Date:

For office use only: Total Reimbursement: \$ _____ Date Received: _____