

**CITY OF PICKERINGTON**

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**POSITION DESCRIPTION:**      **Recreation Aide I  
(Seasonal Aquatic Front Office Clerk)**

**CIVIL SERVICE STATUS:**      **Unclassified**

**CLASS #**                              **5401**

**FLSA**                                    **Exempt**

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Under the administrative direction of the Parks and Recreation Director, Pool Manager and Assistant Pool Manager the daily operations of the facility will require a person to monitor the control point at the entrance and to answer phone calls. This individual will give the public its first impression of the Pickerington Community Pool. He or she must be professional in appearance and have an aptitude for public relations, marketing and sales.

**ESSENTIAL JOB DUTIES:**

- Reports to the Pool Manager or Assistant Pool Manager
- Maintain an open line of communication with the Pool Manager and Assistant Pool Manager
- Maintain accurate daily records of center attendance and weather
- Maintain accurate monetary records
- Make daily deposits to the Parks and Recreation Department
- Routine cleaning of the front office and entrance area of the facility
- Register daily guests and check annual passes
- Register guests for pass purchases. Make passes and keep accurate records of such purchases
- Professionally answer phones. Take accurate messages and distribute
- Enforce and follow all rules, regulations and policies of the Pickerington Community Pool
- Maintain an acceptable appearance at all time, as to both uniform and personal hygiene. All staff must wear assigned uniform
- Assume any additional duties deemed necessary by the Pool Manager or Assistant Pool Manager
- Assist in staffing of special events when requested
- No eating at or sitting on front counter

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

- Must be at least 15 years of age
- Mature and responsible
- Experience with handling money
- Experience with public customer service
- Ability to learn new computer software programs as needed.

**DESIRED KNOWLEDGE, TRAINING AND EXPERIENCE:**

None.

### **RESPONSIBILITY OF PUBLIC CONTACT**

Daily contact requiring courtesy, discretion, and sound judgment.

### **LICENSING AND REGULATION**

None.

### **TOOLS AND EQUIPMENT USED**

Telephone, personal computer including Microsoft Office software, copy machine, fax machine, and calculator.

### **PHYSICAL DEMANDS**

While performing the duties of this job, the employee is frequently required to sit, talk and hear. The employee is often required to walk, use hand and fingers to feel, handle or operate objects, tools, or controls and to reach with hand and arms.

The employee must occasional lift and/or move up to over 30 pounds. Specific vision abilities required by this job include vision and the ability to focus.

### **WORK ENVIRONMENT**

Work is performed primarily in an indoor/outdoor setting.



## Summer Aquatic Seasonal Employment Supplement

Name:

Position Desired:      Lifeguard      Head Lifeguard      Manager  
                          Front Office



### Certifications / Training / Skills

Certifications with expiration dates:

First Aid    exp.    CPR    exp.    Lifeguarding    exp.    WSI    exp.

Other            exp.

Special Training

### Availability

I am available to begin working on:    May      June      July      August

My last day of work will be on:                  June      July      August      September

Pool Hours: Sunday - Saturday – 12:00noon – 8:00pm

You must be able to commit to 20 hours per week for this job. Please list days and times preferred to work below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (time)							
To (time)							

Do you plan to take any time off during this summer season?    Yes      No

If yes, when? (list dates)                  May      June      July      August      September

Lifeguards must be available to work some AM and PM Swim Lessons, Mon - Fri (9:00am – 12:00 noon and 5:00 – 6:00pm).

Are you available for: AM Session 1: June 17 - 28 Yes      No      PM Session 1: June 17 - 28 Yes      No

AM Session 2: July 8 - 19 Yes      No      PM Session 2: July 8 - 19 Yes      No

Days of the week you are available: Monday      Tuesday      Wednesday      Thursday      Friday

All Staff must be available to work mandatory Pool Parties on June 21, July 19, August 16 and September 2.

Are you available to work other After Hour Parties between 8:00pm – 11:00pm? Yes      No

Other days you are available:

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

2013 Mandatory In-service Training includes these important dates:

Wednesday, May 22 from 5:30 – 7:30pm at Pickerington Community Pool. Bring your swimsuit and towel.

Other Mandatory Training Dates will include: June 12; June 26; July 1; July 24; July 31; August 29.

**Summer Aquatic Seasonal Employment Supplement page 2 of 2**


Name

**Confirmation of Orientation and Training**

Signing confirms that you will be present for a summer employment orientation and drug screening on Saturday, May 4, 2013 from 9:30 - 11:30am at City Hall. Attendance is mandatory and you will be paid for your participation. In addition, you will participate in all mandatory training and in-service work days.

Signature

Date



**Orientation  
Saturday, May 4,  
2013**

**Uniform**

<b>Men's Polo</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X Large</b>	<b>XX Large</b>
<b>Women's Polo</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X Large</b>	<b>XX Large</b>
<b>T-Shirt (Unisex)</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X Large</b>	<b>XX Large</b>
<b>Men's Swim Trunk</b>	<b>Small (30-32)</b>	<b>Medium (32-34)</b>	<b>Large (34-36)</b>	<b>X Large (36-38)</b>	<b>XX Large (38-40)</b>
<b>Women's One Piece SwimSuit</b>	<b>32</b>	<b>34</b>	<b>36</b>	<b>38</b>	<b>40</b>



### EMPLOYMENT APPLICATION

Personal Information			
Position Applying for		Application Date	
Name		Primary Phone Alternate Phone	
Address		City/State/Zip	
Email Address	Are you a City of Pickerington Resident? Yes      No	Upon an employment offer, are you able to provide proof of eligibility to work in the US? Yes      No	
Do you have a valid driver license?    Yes      No      If yes, please list State and Driver License Number:			
Have you worked for City of Pickerington before?    Yes      No      If yes, please complete the following:			
Position Held:		Dates Employed:	
Department:		Supervisor's Name:	
Reason for Leaving:			

Education				
	Name	City/State	Course or Major	Degree Received/Expected
High School				
College or Business School				
Graduate or Professional School				

Employment History			
Most Recent Employer		Dates of Employment	
Title		Supervisor Name & Phone Number	
Salary		Reason for Leaving	
Description of Duties			

Employment History			
Previous Employer		Dates of Employment	

<b>Title</b>		<b>Supervisor Name &amp; Phone Number</b>	
<b>Salary</b>		<b>Reason for Leaving</b>	
<b>Description of Duties</b>			

<b>Employment History</b>			
<b>Previous Employer</b>		<b>Dates of Employment</b>	
<b>Title</b>		<b>Supervisor Name &amp; Phone Number</b>	
<b>Salary</b>		<b>Reason for Leaving</b>	
<b>Description of Duties</b>			

<b>Professional References</b>		
<b>Name</b>	<b>Title</b>	<b>Phone</b>

<b>Certifications / Training / Skills</b>
<b>Certifications with expiration dates</b>
<b>Special Training</b>
<b>Skills</b>

<b>Certification and Statement of Understanding</b>	
<p>I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the City of Pickerington may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.</p>	
<b>Signature</b>	<b>Date</b>

## Acknowledgement and Release

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Pickerington with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examination, or drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Pickerington, are a prerequisite to my appointment to a position with the City of Pickerington.

In addition, I also hereby understand that the City of Pickerington cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviews and considered by the City of Pickerington I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Pickerington and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results there from.

<b>Signature</b>	<b>Date</b>
<b>Parent/Guardian Signature (if applicant is under 18 years of age)</b>	<b>Date</b>

## Pre-Employment Drug Testing Consent

I understand that, as a candidate for employment with the City of Pickerington, I must, in order to be appointed to a position with the City of Pickerington, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Pickerington to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Pickerington and its representative. I further release the City of Pickerington, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

<b>Signature of Candidate:</b>	<b>Date:</b>
<b>Parent/Guardian Signature (if applicant is under 18 years of age):</b>	<b>Date:</b>

## Refusal to Submit to Drug Testing

**I refuse to consent to a urinalysis.**

<b>Signature of Candidate:</b>	<b>Date:</b>
<b>Parent/Guardian Signature (if applicant is under 18 years of age):</b>	<b>Date:</b>

## DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, RELEASE AND CONSENT

I acknowledge that the City of Pickerington has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities.

I understand that should I be appointed to a position with the City of Pickerington, the City may request my participation in a drug and/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested.

I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of Pickerington, based upon the terms and conditions specified above, during the term of my employment with the City of Pickerington. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Pickerington and its representatives. I further release the City of Pickerington, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

**Signature of Candidate:**

**Date:**

**Parent/Guardian Signature  
(if applicant is under 18 years of age):**

**Date:**

EEO Information on next  
page.





# PICKERINGTON

ESTABLISHED 1815

## EEO Equal Employment Opportunity Personal Information Sheet

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability.

In order to help us to comply with Federal/State equal employment opportunity recordkeeping and reporting requirements, we request that you answer the following questions. Completion of this form is *voluntary* on your part and failure to complete it will not preclude you from employment consideration. This attachment will be kept in a confidential file separate from your application for employment.

Name

Address

City, State, Zip Code

Position Applied For

Date Applied

### GENDER (Check one)

Female  Male

### RACE OR ETHNIC IDENTIFICATION (Check one)

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America.

**Asian or Pacific Islander** - All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands.

**Black (Not of Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.

**Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture regardless of race.

**White (Not of Hispanic origin)** – All persons having origins in any of the Original peoples of Europe, North Africa, or The Middle East.

Signature

Date