

CITY OF NEW BRITAIN

DEPARTMENT OF PARKS, RECREATION, AND COMMUNITY SERVICES

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February 19, 2019

POSITION TITLE: Aquatics Assistant Director

Starting Pay: \$15.50/hr

JOB DESCRIPTION:

Under general supervision of Director of Parks, Recreation, and Community Services Department or his designee, acts as a general coordinator of all aquatics activities. Assists in handling problems, assignments, and scheduling for city pools and splash pads.

EXAMPLES OF DUTIES:

- Responsible for assisting in the training of all swimming facility personnel.
- Assists in supervising the swim facilities, personnel and programs.
- Make reports and other administrative duties connected with the swim facilities.
- Assists in evaluation of swim programs, personnel and swim facilities.
- Maintain high standards of operation at the swim facilities, especially with regard to safety, maintenance, swimming and lifesaving instruction.
- Works with pool manager in scheduling and assigning lifeguards, swim instructors, and pool attendants, to pools, splash pads, and other applicable facilities.
- Receives and reviews all written and oral reports pertaining to assigned swim facilities.
- Performs special duties as assigned by the immediate supervisor.
- Assists in setting up and conducting staff meetings as directed by the Director or his
 designee.
- Responsible for keeping all statistical information and money information in the computer.
- Responsible for weekly payroll for all aquatics staff.
- Assists in the recruitment, hiring, training, development, scheduling, and supervision of employees.
- Communicates with supervisors, camp staff, aquatics staff, parents and participants.
- Establish good customer service and customer relations.
- Develops strategies to motivate staff and achieve goals
- Maintains management software for all aquatic related programs and events.

QUALIFICATIONS:

- Preferred current certification of Red Cross Lifeguarding Training card.
- Current certification of Red Cross Water Safety Instructors card LGTI strongly preferred.



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- A minimum of four years' experience in an aquatics program or personnel management position is preferred.
- Must be CPR/First-Aid/AED certified

KNOWLEDGE, ABILITIES AND SKILLS:

Through interview and demonstration, must understand instruction principles, lifesaving and water safety procedures, methods used in instructing swim classes, experience in water safety and swim programs. Past experience is evaluated in order to determine ability and knowledge of position. Key attributes: following directions, good communication skills, good deductive reasoning and sound decision making.

This position requires a minimum commitment of ten weeks during the open pool season (June-August). Interested candidates should submit a completed application, a resume, and a letter of recommendation to the New Britain Parks, Recreation, and Community Services Department (27 West Main Street, Room 302, New Britain, CT 06051) no later than March 8, 2019.

City of New Britain

Affirmative Action/Equal Employment Opportunity/Equal Access Employer

APPLICATION FOR EMPLOYMENT

27 West Main Street, New Britain, CT 06051 (860) 826-3404



| | (Print informa | tion in ink, or t | уре) | | | | | Off | fice Use Only |
|--|-----------------|-------------------|----------------|--------------------------|-----------------|---|----------------|-----------------------|-------------------------|
| 1. Job Apply | ing For | | | | | | | | |
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| (use title on job announcement) (exam no.) | | | | | | NQ | DV | | |
| 2. Your Nam | ne | | | | | | | | |
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| (print) | Last Name | 9 | ŀ | First | | Middle | | Exp. | |
| 3. Address | | | | | | | | | |
| (Number and | Street Bood or | Post Office Pov | 4) | | | | | Other | |
| (Number and | Street, Road or | Post Office Box | 5) | | | | | 4 | |
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| City State Zip Code | | | | | | ^ | Score | Ran | |
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| r. Have you | Yes | No | ieu i oices u | uning penous o | i commet: | onflict? 5. Telephone Number (with area code () - | | | - |
| 6. Are you o | | 110 | | 7. Email Add | Iress | | | | |
| 7. 7 HO YOU O | _ | | | 7. Email Add | 11000 | | | | |
| | Yes | No | | | | | | | |
| B. Education | n | | | | | | | | |
| A Did vou a | raduate from h | niah school? | | Where? | | | | | |
| t. Dia you g | raduate from f | ilgiri doridor: | | | | • | B. If you have | /e a high school e | quivalency certificate, |
| Yes | No | Month | Year | If "No", highe completed | st grade | | give year ar | nd place the certific | cate was granted: |
| 100 | 110 | WOTHT | roui | - Compileted | | 1 | | | |
| | | | | | |] | Y | ear | Place |
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| C. List any | colleges, busir | ness schools, | or technical s | chool you atte | nded: | | 1 | | |
| Name of School Location | | | cation | Course or Major Dat | | Dates | Attended | Degree | |
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| | | | | | | | | here training was | given, |
| dates att | ended, subjec | t of training, a | nd other deta | ails related to th | ne job for whic | ch you are a | pplying. | | |
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NOTE: Applications are kept on file for three (3) months from date of receipt unless otherwise noted.

| May we contact your p | resent employer? | Yes | No | |
|--|---|---|---|---------|
|) Starting Date //onth/Year | Ending Date Month/Year | | Name and Address of Employer | |
| our Job Title: | Hours per week | | Name, title and telephone number of your Supervisor | |
| eason for leaving: | | | | |
| our duties: | | | | |
|) Starting Date Ionth/Year | Ending Date Month/Year | | Name and Address of Employer | |
| our Job Title: | Hours per week | | Name, title and telephone number of your Supervisor | |
| Reason for leaving: | <u> </u> | | | |
| our duties: | | | | |
|) Starting Date | Ending Date | | Name and Address of Employer | |
| lonth/Year our Job Title: | Month/Year Hours per week | | Name, title and telephone number of your Supervisor | |
| eason for leaving: | | | | |
| References: List the r | | | ons with knowledge of your character, experience and | |
| References: List the rability. Do not list relative | s. Use professional, not persona | I, references. (Cur | rent and former employers, teachers/professors, etc.) | |
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| 10. References: List the rability. Do not list relative Name Name Name 11. Special Skills and Abi | Address Address Address Address Address Illities. Show licenses, (including of lity typing and shorthand speeds, of | drivers); machines | TelTel | |
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CITY OF NEW BRITAIN CIVIL SERVICE COMMISSIN REQUEST FOR RESIDENCY CONSIDERATION

NOTE: THIS FORM IS TO BE COMPLETED BY CITY OF NEW BRITAIN RESIDENTS ONLY. IT DOES NOT IN ANY WAY AFFECT OR DIMINISH THE ABILITY OF NON-RESIDENTS TO COMPETE IN THE TESTING PROCESS. IT DOES HOWEVER, ALLOW THE POTENTIAL FOR ADDITIONAL CONSIDERATION FOR CITY RESIDENTS AFTER THE EMPLOYMENT LIST HAS BEEN CERTIFIED, BY CHAPTER UNDER THE "RULE OF FIVE PLUS THREE."

In order to qualify for residency consideration in accordance with City Charter and the Civil Service Commission Merit Rules, the Civil Service Office requires that candidates provide irrefutable evidence to substantiate that, at the date of application (no later than the closing date for applications) and at the date of certification for hire you are domiciled in the City of New Britain.

As the intention of the Charter amendment is to give those domiciled in the City of New Britain consideration in hiring, the Director of Personnel is directed to notify all applicants that the application of residency consideration is a privilege subject to being withdrawn if the applicant loses domiciliary status at any time after the filing of this application, including the initial certification of an employment list by the Civil Service Commission, as well as any time during the existence of any employment list.

For purposes of this Request, "DOMICILED" is defined to be, "that place where an individual has his true, fixed and permanent home and to which whenever he is absent he has the intention of returning."

You are required to complete and submit this form at the time of application in any event not later than the closing date for applications. You must also be prepared to submit any additional documentation that documents proof of domicile as the Director of Personnel may require. This information will be subject to verification by the Civil Service Office or any other agency or department designated by the Civil Service Commission. Attach copies of documents of proof of legal domicile to your application.

IMPORTANT NOTICE: THE APPLICANT BEARS THE BURDEN TO ESTABLISH PROOF OF LEGAL DOMICILE. ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION OR DISMISSAL. A DECISION TO DISQUALIFY SHALL BE FINAL.

If applicant is a current City of New Britain resident, complete and return this form to the City of New Britain with the "Application of Employment"

| Examination Number: | <u> </u> |
|---|--------------------------------------|
| Position Applied For: | |
| Name of Applicant: PLEASE PRINT | |
| I, hereby attest that I am a bona fide resident of the closing date for applications for the examination/po City. Evidence to substantiate my claim for resident follows: | sition above is domiciled within the |
| CHECK ALL STATEMENTS WHICH APPLY | |
| () 1ownrent property in the City of | New Britain at: |
| Street Address and Zip Code I have been domiciled in the City since | |
| month day year | |
| If renting property, please provide the follow | ving: |
| Name of Landlord | Telephone # |
| () 2. My Connecticut Driver License indicates a | New Britain address: |
| Operator Number | Expires |
| () 3. I own/lease a motor vehicle registered in t | he City of New Britain: |
| Make and Model of Vehicle | License Number |
| () 4. I am a registered voter in the City of New I | Britain. |

| () 5. | . I have a child/children who attend school | ol in the City of New Britain. |
|---|--|--|
| () 6. | I do not own or rent property outside of t | he City of New Britain. |
| - | If you do own or rent property outside or explain: | f the City of New Britain, please |
| and that understa subject employe Service consider | y certify that I acknowledge that this Request ALL statements made by me on this appeand and agree that if I make any false or not o immediate disqualification, rescinding ment list, or dismissal, and to such other parameters. I also understand eration is a privilege subject to being without the submission of the employment appointment. | lication are true, complete and correct. I misleading statements of fact that I am of certification, removal from the benalties prescribed by law of Civil that this application for residency drawn if I lose domiciliary status at any |
| Signatur | re | Date |
| FOR OI | FFICIAL USE ONLY | |
| Residen | ncy Consideration Given on Employment | List. |
| () | Yes | |
| () | No | |

APPLICANT DATA

Voluntary:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application; however, the information may be used in order to ensure compliance with the City's Affirmative Action Plan.

| A. | Gender: | Female Male |
|----|---------|--|
| В. | Race | r Ethnic Group (describe yourself in terms of one of the following groups): |
| | | A. White/Caucasian |
| | | B. Black/African American |
| | | C. Hispanic/Latino |
| | | D. Asian |
| | | E. American Native or Alaskan Native |
| | | F. Native Hawaiian or Other Pacific Islander |
| | | G. Two or More Races (persons who identify with two or more racial categories listed above) |
| C. | | ARY SOURCE OF JOB INFORMATION: where did you learn about this examination or /ment opportunity? Check the appropriate box(es) below: |
| | | A. Hartford Courant |
| | | B. New Britain Herald |
| | | C. Tiempo |
| | - | D. Hartford News |
| | - | E. Other newspaper: |
| | | F. City Website |
| | | _G. Professional Journal: |
| | | H. Human Resources Office |
| | | _I. Community Agency: |
| | | J. Present City Employee |
| | | K. Radio/TV advertisement |
| | | I Other: |