



POOL MANAGER (Part-time, Temporary)

SALARY:

\$17 - \$19 per/hour depending on experience. Maximum of 100 hours per fiscal year. This position is not eligible for City benefits. Paid sick leave will be accrued in accordance with the Healthy Workplaces/Healthy Families Act of 2014 (Assembly Bill 1522).

RANKIN AQUATIC CENTER

The Rankin Aquatic Center is a two-pool facility, open to the public between April 29 and October 27, 2019. Hours of operation vary each month.

FILING DEADLINE:

Apply as soon as possible. May close at any time. First review of applications will be completed Friday, March 15, 2019 at 5:00 pm. Applications received by the Human Resources Division after Friday, March 15, 2019, will be reviewed on an ongoing basis as the seasonal staffing needs require.

MANAGER DUTIES AND RESPONSIBILITIES

The Pool Manager has overall responsibility for safety at the pool, as well as managerial, administrative, facility, aquatic, communications and leadership duties.

- Manage and oversee lifeguards: plan and organize workloads and staff assignments for lifeguards, cashiers and assistant managers; meet regularly with staff; advise and coach lifeguards and evaluate them at the end of the season; monitor time sheets and prepare payroll reports.
- Reconciles money. Manages financial information. Registers participants. Keeps records.
- Manage staffing coverage which may include filling in as a lifeguard. Manager can work any shift, including weekends, evenings and holidays.
- Provide regular staff trainings on a variety of topics including lifeguard and first aids skills, swim lesson instruction and customer service. Update manuals and procedures as needed.
- Manage and conduct swim lessons for youth and adults: assess quality of lessons, handle complaints.
- Oversee daily maintenance of the pool and bathhouse/restroom facility, including testing chemicals, making chemical adjustments and other duties as trained.
- Instill attention to safety with lifeguards as well as with patrons; enforce safety at the pool.
- Administer First Aid, CPR, emergency and other safety procedures.
- Communicate regularly with the Recreation Supervisor regarding safety, staff, facility/maintenance, swim lessons, and patron issues.

(2/5/19)

- Prepares the facility for swim meets, pool parties and other special events
- Creates a safe and fun atmosphere for staff and patrons.

REQUIREMENTS

- Current certification in American Red Cross CPR and First Aid for the Professional Rescuer.
- Minimum one year experience as a manager of a public or private pool or equivalent setting or experience as an assistant manager.

DESSIRABLE

- Lifeguard Instructor Certification
- Current Aquatic Facility Operator Certification or Certified Pool Operator's is desirable.
- Ability to speak Spanish is desirable.
- Knowledge of WhentoWork.com staff scheduling program is desirable.

APPLICATIONS

Temporary/Seasonal application forms available from the **Martinez Recreation Division or the Human Resources Division**, located at 525 Henrietta Street, Martinez, CA 94553. Applications are also available by calling (925) 372-3510 or (925) 372-3507 or emailing to plorick@cityofmartinez.org or mzavala@cityofmartinez.org.

SELECTION PROCESS

A select number of the most experienced and best qualified applicants will be invited to interview.

DISABLED APPLICANTS

The Human Resources Division will make reasonable efforts in the examination process to accommodate disabled applicants. Please advise the Division of any special needs in advance of the examination.

VERIFICATION OF EMPLOYMENT ELIGIBILITY:

As mandated by the Immigration Reform and Control Act of 1986, all candidates offered employment after November 6, 1986, must provide written proof that establishes identity and eligibility to work in the United States. This is accomplished by completing the Employment Eligibility Verification Form (I-9) and producing acceptable documents including but not limited to, United States Passport; State-issued Driver's License; Social Security Card; Birth Certificate; other acceptable documents that establish identity and eligibility to work in the United States.

THE CITY OF MARTINEZ HAS ADOPTED ORDINANCE 1057 C.S. WHICH PROVIDES EMPLOYEES WITH A SMOKE-FREE WORKING ENVIRONMENT.

THE INFORMATION CONTAINED HEREIN IS SUBJECT TO CHANGE AND DOES NOT CONSTITUTE EITHER AN EXPRESSED OR AN IMPLIED CONTRACT. THE CITY OF MARTINEZ IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITIES IN CONFORMANCE WITH THE AMERICANS WITH DISABILITIES ACT



OFFICE USE ONLY

START:
POSITION:
DEPT.:
PAY:
ACTIVITY #:

TEMPORARY APPLICATION – RECREATION ONLY

PERSONNEL DEPT 525 HENRIETTA ST, MARTINEZ, CA 94553 (925) 372-3522

WEBSITE: WWW.CITYOFMARTINEZ.ORG; EMAIL: JOBS@CITYOFMARTINEZ.ORG

AN EQUAL OPPORTUNITY EMPLOYER

SPORT PROGRAMS _____ LIFE GUARD _____ SWIM INSTRUCTOR _____ CLERICAL _____
DAY CAMP LEADER _____ OTHER _____

NAME: _____
Last First Middle

ADDRESS: _____ HOME PHONE #: _____
Number Street City State Zip

CELL PHONE #: _____ BUSINESS PHONE #: _____

EMAIL ADDRESS: _____

OTHER NAMES YOU HAVE USED OR ARE KNOWN BY: _____

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

Name	Address	Phone #

ARE ANY OF YOUR RELATIVES EMPLOYED BY THE CITY OF MARTINEZ? ____ YES ____ NO IF YES, PLEASE LIST BELOW

DO YOU POSSESS A VALID CA DRIVER'S LICENSE? ____ YES ____ NO IF YES, LIST YOUR DL#: _____

WILL YOU ACCEPT SHIFT, EVENING OR WEEKEND WORK, IF REQUIRED? ____ YES ____ NO

I HAVE BEEN CONVICTED BY A COURT OF AN OFFENSE: ____ YES ____ NO. FOR EACH CONVICTION, LIST ON A SEPARATE PIECE OF PAPER: YOUR NAME, JOB CLASSIFICATION FOR WHICH YOU ARE APPLYING, AND THE FOLLOWING DETAILS OF EACH OFFENSE: THE VIOLATION; THE COURT (INCLUDING MILITARY); THE PLACE AND DATE OF CONVICTION; THE PENALTY (FINE, SENTENCE, DATE(S) OF PROBATION); AND THE NAME UNDER WHICH CONVICTED. PLEASE OMIT ANY CONVICTION THAT A COURT HAS SEALED OR EXPUNGED, OR WHICH HAS BEEN STATUTORILY ERADICATED. PLEASE OMIT ANY MISDEMEANOR CONVICTION FOR WHICH YOU HAVE SATISFACTORILY COMPLETED PROBATION OR WHICH HAS BEEN JUDICIALLY DISMISSED PURSUANT TO PENAL CODE SECTION 1203.4. NOTE THAT CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS GIVEN INDIVIDUAL CONSIDERATION BASED ON THE JOB RELEVANCE OF THE OFFENSE.

IMMIGRATION REFORM & CONTROL ACT: AFTER EMPLOYMENT, YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES

OFFICE SKILLS: Typing speed: _____ Ten-key speed: _____ Office Machines: _____

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 G.E.D. ____ COLLEGE 1 2 3 4

HIGH SCHOOL &/OR COLLEGES ATTENDED	LOCATION	FROM	TO	UNITS COMPLETED		MAJOR SUBJECT	DEGREE
				SEM	QTR		

I AM AVAILABLE TO WORK RIGHT NOW ____ (YES) ____ (NO) IF NO, DATE AVAILABLE TO WORK: _____

EMPLOYMENT RECORD: BEGIN WITH PRESENT OR MOST RECENT POSITION. LIST WORK RECORD FOR THE PAST TEN YEARS, AND INCLUDE ANY OTHER PERTINENT EXPERIENCE. **NOTE: ALL BOXES IN THIS SECTION MUST BE COMPLETED; A RESUME WILL NOT QUALIFY AS A SUBSTITUTE FOR COMPLETING THIS SECTION.** YOU MAY ATTACH A RESUME OR ADDITIONAL SHEETS IN ADDITION TO COMPLETING THIS SECTION IF DESIRED.

FROM: _____ TO: _____ MONTHS & YEAR MONTHS & YEAR	EXACT TITLE OF POSITION:
NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
NAME AND TITLE OF YOUR SUPERVISOR:	
REASON FOR LEAVING:	NUMBER SUPERVISED:
FROM: _____ TO: _____ MONTHS & YEAR MONTHS & YEAR	EXACT TITLE OF POSITION:
NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
NAME AND TITLE OF YOUR SUPERVISOR:	
REASON FOR LEAVING:	NUMBER SUPERVISED:
FROM: _____ TO: _____ MONTHS & YEAR MONTHS & YEAR	EXACT TITLE OF POSITION:
NAME AND ADDRESS OF EMPLOYER:	YOUR DUTIES WERE:
NAME AND TITLE OF YOUR SUPERVISOR:	
REASON FOR LEAVING:	NUMBER SUPERVISED:

MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS, CHARACTER, ETC? YES NO

I HEREBY CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR A POSITION OF EMPLOYMENT WITH THE CITY OF MARTINEZ ARE TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OR OMISSION OF FACT WILL BE CAUSE FOR DISQUALIFICATION OR TERMINATION. I UNDERSTAND THAT IF OFFERED EMPLOYMENT, I WILL, AS A CONDITION OF EMPLOYMENT, BE REQUIRED TO SUBMIT PROOF OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES ON MY FIRST DAY OF EMPLOYMENT.

DATE: _____ FULL SIGNATURE: _____