

PART TIME ATTENDANT – PUBLIC SERVICES

The City of Dunnellon is accepting applications for Part-time City Beach Attendants. Duties will include opening and closing of beach area, collecting admission, overall park maintenance including grounds and restrooms. Eligible candidates must have a valid FL Driver's License. Starting pay is \$8.25 per hour. Obtain job description and submit City of Dunnellon Employment Application to City Clerk, 20750 River Drive, Dunnellon, FL 34431 (352) 465-8500. Download App at www.dunnellon.org. Electronic applications/resumes not accepted. Position open until filled. EOE, DFWP.

City of Dunnellon
Public Works Department, Parks and Recreation Division
City Beach Park Attendant

Created: May 2001
Amended: September 7, 2018
Pay Grade: \$8.25/Hr

Major Function:

Under the general direction of the Streets and Roads Public Services Supervisor this position maintains cleanliness and general maintenance of the facilities at the City Beach and other park facilities. Work is reviewed through direct observation and through evaluation of results obtained. Perform other work as requested. Weekend work is required.

Essential Job Functions:

1. Helps enforce beach area rules and regulations and maintains order. Communicates with the public in a clear, courteous manner to insure understanding and enforcement of facility rules and regulations.
2. Maintains restroom and picnic areas, checks these areas for cleanliness and usability. Keep grounds clean and free of trash. Ensure that restrooms are thoroughly cleaned daily and are supplied with paper products as needed.
3. Collects daily admission fees to swimming area. Is responsible for money collected and turns money in to the Public Services office daily. Receives receipt of money turned in and keeps daily log of totals.
4. Unlocks and cleans the restrooms each morning located at Ernie Mills Park and the Boat Ramp. Also ensures that there is sufficient paper products placed in each restroom.

Nonessential Job Functions:

1. May need to call for police or emergency medical help if circumstances require such assistance.
2. Provides additional minor maintenance as required.

Physical completion of each essential job function:

1. Visually watches over beach and picnic areas to detect violators of beach area rules and regulations. Advises violators of the rules and asks them to adhere to

the rules. If person(s) fail to comply with request, contact Police Department by cell phone provided and request assistance. Does not become engaged in a verbal dispute with anyone.

2. Visually or audibly identifies rowdy or unruly patrons. Assesses the situation and identifies the most appropriate method to handle the situation.

Work Environment:

1. Duties are performed at the City's Public Beach facility.
2. Usually works alone. Has support of the Public Works Department and Police Department personnel during the week and the Police Department personnel during the weekend.
3. Utilizes cell phone for communication.
4. Performs assigned tasks in all weather conditions. If weather is unsafe for swimming due to lightening, strong rains, or wind, beach attendant maybe asked to secure the beach and leave early.

Customer Service:

Has direct contact with the public, usually in person. Must communicate clearly and courteously to the public and with fellow employees.

Minimum Experience/ Skills:

One year minimum experience dealing with the general public/customer service preferred; or an equivalent combination of training and experience, which provides the required knowledge, abilities, and skills.

Minimum Qualifications:

Must have the ability to count money and make change. Must be able to stand for and work for long periods of time and be able to work in the outdoor heat during the summer months. Must be able to lift approximately 25 lbs in order to empty trash cans, remove tree limbs and debris from beach area and transport to dumpster in upper parking lot. Must be able to communicate clearly and concisely both orally and in writing. Must be able to establish and maintain an effective relationship with the public as well as with fellow employees.

Required Dress:

Uniforms and equipment as supplied by the City. Hard soled, leather work shoes provided by the employee. No sandals or flip flops.



CITY OF DUNNELLON

Office of the City Clerk *Human Resources Department
20750 River Drive
Dunnellon, FL 34431
Phone: 352-465-8500
Fax: 352-465-8505

APPLICANTS

City of Dunnellon is an Equal Opportunity Employer. The City of Dunnellon is dedicated to a policy of nondiscrimination on any basis including race, color, religion, age, sex, marital status, national origin, political affiliation, or disabled status. **If a reasonable accommodation, help or assistance is needed, please contact the City Clerk's Office.**

We appreciate your interest in seeking employment with the City of Dunnellon. A clear understanding of your background and work experience will aid us in considering you for the position that best meets your qualifications. Please fully complete all sections, leaving no gaps in your employment record. **Failure to provide us a complete application may result in your application not being considered.**

This application is the first impression the City of Dunnellon has of you as a potential employee. It gives us information regarding you and your background, as well as information regarding your ability to follow instructions.

1. Your application must be legible; please print or type.
2. All addresses and phone numbers must be complete. These are used to contact previous employers and verify references.
3. Applications are active for sixty days after completion by an applicant. An applicant wishing to be considered for another position after the sixty days must file a new application.

The immigration Reform and Control Act of 1986 requires that all individuals applying for work in the State of Florida provide proof of work authorization. A list of acceptable documents you may select from is listed on the back of this page. Required to be provided at the time for hire only.

IMPORTANT

Applicants are conditionally hired based on the successful completion of a post offer physical including a drug screen test; a background investigation; a motor vehicle report (for positions requiring a drivers license); reference check; and a physical agility demonstration (for positions requiring certain physical requirements.) **Job offers may be withdrawn due to the applicant's failure to successfully complete any of the above post offer requirements.** An applicant who is otherwise qualified to perform the job applied for will not be discriminated against on the basis of a disability.

Applicants selected to fill a vacant position are required to provide two forms of identification from the "List of Acceptable Documents" listed on page two.

Our most valuable asset is a well-trained, dedicated staff working as a team to meet any city challenge.

www.dunnellon.org

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

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PERSONAL INFORMATION

Position _____ Salary Desired: _____ Date of Application _____

Department _____ Date available for work _____

Name (Last) _____ (First) _____ (Middle) _____

_____ E-mail Address _____

Address _____ Area Code & Home Phone _____

City, State, Zip Code _____ Area Code & Alternate Phone _____

Best time to contact you _____

Name and department of **friends and relative(s)** working for City of Dunnellon and their relationship to you:

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever worked for City of Dunnellon? Yes No Where? _____

When? _____ Supervisor _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you available to work? Full-Time (Please indicate 1 2 3 shift)
 Part-Time (Please indicate Mornings Afternoons Evenings)
 Temporary (Please indicate dates available __/__/__ - __/__/__)

Are you currently on "lay-off status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you a Military Veteran? Yes No

Driver's License No. _____ State: _____ Class: _____

Has your Driver's License ever been suspended or revoked? Yes No
If yes please explain: _____

Have you ever been convicted, pled no contest, had adjudication withheld, or had prosecution deferred on any misdemeanor, felony, DUI, or moving traffic violation, or do you have any of these charges pending against you or are you currently enrolled in a pre-trial intervention program? Yes No

If yes, please explain fully: _____

Note: a conviction does not necessarily prevent your application from consideration. The nature, year of your conviction, age, number of convictions, and the job for which you are applying are all taken into consideration. Regardless of how you answer this question, all background checks will be performed.

Are you willing to relocate your residence within a 30 minute travel distance to work if the position requires emergency response or an "on call" non emergency service response? Yes No

Where did you learn about the position for which you are applying?

Ocala 4 Sale Ocala Star Banner Citrus County Chronicle Riverland News Other Ad _____

City Website Employment Agency Friend Relative Inquiry Other _____

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

Terminal P/C MAC Microsoft Office Outlook - Version _____

Spreadsheet - list SS software used and indicate your proficiency level on a scale of 1-5

 Word Processing - WPM _____ List WP software used and indicate your proficiency level on a scale of 1-5

List other computer hardware or software and your level of proficiency on a scale of 1-5 _____

Production/Mobile Machinery (Please List) _____

Please list all tools and heavy equipment and your level of proficiency on a scale of 1-5 _____

EDUCATION AND SPECIAL TRAINING

Circle highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High school diploma or GED: Yes No

Name and address (city and state) of last high school attended:

Name and location of vocational school training center, institute, etc.	Dates Attended				Total Months Completed	Courses or subjects taken.	Certificates given or other pertinent information.
	From		To				
	Mo.	Yr.	Mo.	Yr.			

LIST COLLEGES AND UNIVERSITIES ATTENDED BELOW:

Name and location of college or university.	Dates attended				Total Months Completed	Grade Point Average	Major/minor field or program of study	Type of degree awarded
	From		To					
	Mo.	Yr.	Mo.	Yr.				

EMPLOYMENT RECORD: List all previous employers and **phone numbers** for the past ten (10) years. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent and work back. Use blank sheets if necessary. **LEAVE NO GAPS AND BE SPECIFIC IN YOUR ANSWERS.** **Have you ever been terminated or asked to resign from any job?** Yes No
If Yes, please explain _____

Present or Most Recent Job. Employer: _____
 Address: _____
 Telephone: _____ Supervisor: _____
 From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
 Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
 Reason for Leaving: _____
 Duties: _____

2 Previous Job. Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
Reason for Leaving: _____
Duties: _____

3 Previous Job. Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
Reason for Leaving: _____
Duties: _____

4 Previous Job. Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
Reason for Leaving: _____
Duties: _____

5 Previous Job. Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
Reason for Leaving: _____
Duties: _____

6 Previous Job. Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
From: (month/yr) _____ To: (month/yr) _____ Job Title: _____
Hours per Week: _____ Starting Salary: \$ _____ Per _____ Last Salary: \$ _____ Per _____
Reason for Leaving: _____
Duties: _____

Comments. Please explain below what knowledge, skills, and abilities you have to qualify for this position. If applying for an administrative, management, or technical position, outline all programs you have designed or implemented. Note any details which should be considered in reviewing your qualifications and list number of years experience and level of proficiency. Use additional paper if necessary.

Knowledge:

Skills:

Abilities:

Membership in professional or job-related organizations:

Active professional, technical, occupational licenses, certificates or registrations:

Awards, commendations, or other recognitions for outstanding achievement in school, military services, work, or civic activities: *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Veteran's Preference

Revised 09/2010

ALL APPLICANTS MUST ANSWER "YES" OR "NO" TO QUESTION 1, PLUS SIGN AND DATE AT THE BOTTOM.

If you are claiming Veteran's Preference, a copy of your DD214 or comparable document which serves as a certification of release or discharge claim, **MUST BE FURNISHED AT THE TIME OF APPLICATION.**

1. Are you claiming Veteran's Preference? Yes No

2. Check the appropriate box if you are claiming Veteran's Preference:

- A Veteran with a service-connected disability which is compensable under public law; or a Veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where "public laws" are those administered by the U.S. department of Veterans' Affairs; or
- The spouse of a Veteran who cannot qualify for employment due to a service connected total and permanent disability, or spouse of a Veteran missing in action, captured or forcibly detained by a foreign power; or
- A Veteran of any war who has served on active duty for at least one day, and who was discharged or separated there from under honorable conditions from the Armed Forces of the United States if any part of such duty was performed during a wartime era (active duty for training is not allowable); or
- The non-remarried widow or widower of a Veteran who died of a service-connected disability; or
- Operation Enduring Freedom — October 7, 2001 till present.
- Operation Iraqi Freedom — March 19, 2003 till present.
- A Veteran who has received the Armed Forces Expeditionary Medal.
- A Veteran who has received the Global War on Terrorism Expeditionary Medal.

Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War, beginning August 2, 1990, and ending on January 2, 1992.

The City will give your application every special consideration required by the law (Florida Administrative Code, Chapter 55A-7). If you believe you were not afforded employment preference in accordance with the law, you have the right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veteran's Affairs, 11351 Ulmerton Road, Room 311K, Largo, FL 33778.

Signature: _____ Date: _____

PHYSICAL AGILITY DEMONSTRATION

All applicants are required to demonstrate his or her ability to perform the job functions required by the position for which he or she is applying. The demonstration will include the functions provided within the job description. If you will need an accommodation to perform this job demonstration, please inform the City Clerk within three days of your submission of this application.

A job description for the position in which you are applying has been provided as part of your application package. Are you able to perform these tasks with or without reasonable accommodation? Yes No

I agree to demonstrate my ability to perform all or part of the essential functions for the position in which I am applying. I further agree to notify the City if I need an accommodation to perform the essential functions of the job.

I hereby release the City of Dunnellon from liability for aggravation of any condition I may have which is not known to them.

Name (Please Print) _____

Date _____ Applicant Signature _____

Updated 10/05/2009 Ford & Harrison_Jessica Walberg

APPLICANT DRUG TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the City to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized City personnel for appropriate review, and authorize the City to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by the City of Dunnellon, I must abide by the terms of the City’s Drug-Free workplace Policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the City, and disciplinary action, up to and including discharge, may result if 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the City, if the tests establish a violation of the City’s Drug-Free Workplace Policy, or 4) I otherwise violate the Policy.

I hereby CONSENT to the administration of the drug test and to the terms and conditions of the consent agreement. I hereby REFUSE the drug detection urine test.

Applicant’s Signature

Date

Social Security Number

Witness Signature

Date

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Applicant name: (Please Print): _____

Social Security Number: _____

Address: _____

I understand that all statements made on this employment application may be checked by the City of Dunnellon, and I authorize the City of Dunnellon to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment and my ability to perform the essential functions of the position for which I am applying. I hereby agree to indemnify the City of Dunnellon and each of my prior employers and hold them harmless from any claims arising from such authorization.

In addition, I authorize the release of any and all information that is requested by City of Dunnellon regarding my school or educational records, military record, and medical records.

I understand further that any misstatements or material omissions in my application may result in a decision not to hire, or discharge if discovered at a time after hire.

APPLICATION CERTIFICATION. READ CAREFULLY BEFORE SIGNING.

I hereby certify that each answer to a question herein and all other information otherwise furnished is true and correct. I understand that any incorrect, incomplete, or false statements of information furnished by me on this form or any other City documents may subject me to discharge from employment at any time. I hereby give my permission to contact past employers and personal references. I understand that if employed, I will be in a probationary period for six months. I further understand that completion of the probationary period does not confer any expectation of continuation for any definite period, and that my employment may be terminated or I may terminate my employment at any time for any reason or no reason. I hereby 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that I am required to abide by all rules and regulations of the employer. No one but the City Manager and or Personnel Director has the authority to modify any employment relationship I may have with the City, and any such modification must be in writing.

Signature of Applicant _____

Date _____



Applicant Waiver Form

(To be signed by all job applicants along with application form.)

1. I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment.

In connection with this request, I authorize all corporations, companies, credit agencies, government agencies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility from doing so; further, I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character, personal reputation and driving records. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

2. I hereby authorize investigation of all statements at this time with no liability arising there from.

Name – Please Print

Social Security Number

Signature

Date

Name of Company and Signature of Company Representative

Date

SOCIAL SECURITY NUMBER

“City of Dunnellon’s Written Statement” - The City of Dunnellon collects your Social Security number for the following purposes: classification of accounts; identification and verification; credit worthiness; bad debt collection, billing and payments; data collection, reconciliation, tracking, employment, payroll, benefit processing, wage/tax reporting, determining if vendor is 1099 eligible under IRS reporting requirements, identification of individuals arrested, patient reporting, and background checks. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

**NOTIFICATION TO APPLICANT THAT A CONSUMER CREDIT REPORT
MAY BE OBTAINED**

In compliance with Public Law 91-508, the Fair Credit Reporting Act, as amended by Public Law 104-208, the Consumer Credit Reporting Reform Act, and applicable state law, this notice is to inform you that this organization may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

If the City requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

Print Name: _____ Date: _____

Signature: _____ SSN: _____

Driver License No.: _____ State: _____

Other Driver Licenses Held in Past 5 Years: _____