



Township of Bernards

1 Collyer Lane, Basking Ridge, NJ 07920
908-766-2510 • www.bernards.org

JOB POSTING

POSTING DATE: 12/21/2021

APPLICATION DEADLINE: Open until position is filled

POSITION: Gym Supervisor		POSITION TYPE: Seasonal / Part-Time
DEPARTMENT: Parks & Recreation	POSITION REPORTS TO: Assistant Director & Program Manager	
SALARY: \$15.00/hour	HOURS/WEEK: Varies	SCHEDULE: Weekday evenings and/or weekends

PRINCIPAL DUTIES:

Provides on-site supervision of various recreation programs held at various township public schools. Work is performed under the supervision of the Assistant Director of the Department of Parks & Recreation.

JOB REQUIREMENTS:

- Be present on-site during program hours assigned, set up equipment needed at least 15 minutes prior to program start.
- Work with school custodians to coordinate gym set up and storage of equipment and supplies
- Maintain good sportsmanship among children and parents and ensure safety of participants & volunteers.
- Submit accident reports within 24 hours to Recreation Department
- Direct participants to proper locations and ensure proper signage
- Enforce and adhere to all department policies, procedures, and regulations.
- Actively participate in ensuring safety and effectiveness of programs.
- Enforce program safety procedures.
- Assist with program registration
- Break down and store all equipment after program
- Perform all duties with safety and responsibility in mind.
- Perform other duties as assigned
- Ability to maintain communication with parents, children, staff, administration, etc.
- Knowledge of specific programs and referee responsibilities to ensure efficiency
- Ability to read, write, speak, understand and communicate in English sufficiently
- Ability to regularly use hands to handle, feel or operate objects, tools or controls and to reach with hands and arms. Frequently required to stand, walk, talk, hear, sit, climb, balance, kneel, crouch, crawl, and smell
- Must be able to lift 50 pounds and carry it for 100 feet

EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS:

Education: High School Diploma or equivalent preferred

Licensing &/or Certifications: Must possess valid NJ Drivers License

Experience: Experience working in an event or program setting managing multiple activities at once preferred.

Special Requirements: Must be able to work nights and weekends. Must pass sex offender background check.

*****NOTE: Please read the attached full job description prior to applying for this position. Please use the application attached to this posting.*****

CONTACT: Please submit a cover letter, resume, application and list of references to:

Bernards Township Parks & Recreation

Att: Sean O'Grady

1 Collyer Lane

Basking Ridge, NJ 07920

Fax: 908-766-1941

sograd@bernards.org

BERNARDS TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

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.



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JOB DESCRIPTION

JOB TITLE: Gym Supervisor		DATE: December 2021
DEPARTMENT: Parks & Recreation		REPORTS TO: Assistant Director
JOB STATUS: Seasonal/Part-Time	HOURS/WEEK: Varies	SCHEDULE: Weekday evenings and/or weekends

SUMMARY

Provides on-site supervision of various recreation programs held at various township public schools. Work is performed under the supervision of the Assistant Director of the Department of Parks & Recreation.

SUPERVISORY RESPONSIBILITIES

Oversee hired officials and referees on site during games. Oversee and assist volunteer coaches and team coordinators on site during games and/or practices. Oversee adult open gym programs.

WORKING CONDITIONS

Work is performed at Bernards Township public schools

ESSENTIAL FUNCTIONS

- Be present on-site during program hours assigned
- Work with school custodians to coordinate gym set up and storage of equipment and supplies
- Set-up equipment needed at least 15 minutes prior to program start time
- Maintain good sportsmanship among children and parents.
- Ensure safety of participants and volunteers
- Submit accident reports within 24 hours to Recreation Department
- Direct participants to proper locations and ensure proper signage
- Enforce and adhere to all department policies, procedures, and regulations.
- Actively participate in ensuring safety and effectiveness of programs.
- Enforce program safety procedures.
- Assist with program registration
- Break down and store all equipment after program
- Perform all duties with safety and responsibility in mind.
- Perform other duties as assigned

KNOWLEDGE, SKILLS AND ABILITIES

- Ability to maintain communication with parents, children, staff, administration, etc.
- Knowledge of specific programs and referee responsibilities to ensure efficiency
- Ability to read, write, speak, understand and communicate in English sufficiently
- Ability to regularly use hands to handle, feel or operate objects, tools or controls and to reach with hands and arms. Frequently required to stand, walk, talk, hear, sit, climb, balance, kneel, crouch, crawl, and smell
- Ability to establish and maintain effective working relationships with associates, subordinates, participants, parents and the general public
- Must be able to lift 50 pounds and carry it for 100 feet

EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS

Education: High School Diploma or equivalent preferred

Licensing &/or Certifications: Must possess valid NJ Drivers License

Experience: Experience working in an event or program setting managing multiple activities at once preferred.

Special Requirements: Must be able to work nights and weekends. Must pass sex offender background check.

SUCCESS FACTORS

- Enthusiastic, proactive, persistent, patient, honest
- Punctual, responsible, honest, reliable
- Organized, professional work ethic



Bernards Township

APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-766-5762

The Township of Bernards considers applicants for all positions without regard to race, creed, color, religion, national origin, civil union status, gender identity or expression, age, marital or political status, disability or handicap, sex or sexual orientation or any other category protected by federal, state or local law or regulation.

(Please clearly print or type all information)

Application Date: _____

Name: _____

Position Applied For: _____

Department: _____

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

Instructions for completing this application:

- Resumes can be submitted with the application however all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information that can be obtained from a resume.
- If a question does not apply, please write N/A
- Please indicate the specific position for which you are applying. If you are not applying for a specific job opening, please provide some indicator of the type of work for which you are looking (ex. Administrative, management) and/or the department of interest (ex. Clerk, Finance).
- Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, and references.
- Be sure to sign and date this application.

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

PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted.

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: _____

I. PERSONAL

LAST NAME	FIRST	MIDDLE	
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER – CELL
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. APPLICANT'S 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: _____