JOB ANNOUNCEMENT
6000 Main St SW, Lakewood, WA 98499-5027, (253)589-2489, FAX (253) 589-3774

POSITION: Recreation Assistant
OPENING DATE: Monday, August 30, 2010
CLOSING DATE: Open Until Filled
SALARY: $9.69 – 10.71 hourly DOQ
WORK SCHEDULE: Varies, September - June

This is temporary, part-time employment. Temporary employees do not receive the regular employee benefits package.

BASIC FUNCTION: Under the supervision of the Recreation Coordinator or Recreation Leader, assist in conducting recreational activities; prepare recreational facilities for participant use; and monitor recreational activities to ensure that activities are safe and appropriate.

REPRESENTATIVE DUTIES:
• Lead indoor and outdoor recreational activities.
• Assist participants in a variety of recreational programs including arts and crafts, field trips, games and sports.
• Monitor recreational activities to ensure activities are safe and appropriate.
• Assist in maintaining a variety of records.
• Maintain program equipment in good working order; ensure facility and grounds are kept neat, clean and litter free.
• Prepare recreational facilities for use; ensure that appropriate equipment is available for classes and events; set up and take down tables, other furniture and equipment.
• Perform routine custodial work such as sweeping, mopping, cleaning hard surfaces and wiping up spills.
• Provide first aid in case of minor injury.
• May transport program participants in a safe and efficient manner according to City policy.
• Perform related duties as assigned.

EDUCATION AND EXPERIENCE: Must be at least eighteen years old and have an interest in community recreation and education programs.

LICENSES AND OTHER REQUIREMENTS: First aid/CPR certification required within first sixty days of hire (employer provided training).

TO APPLY: Request application forms by calling the 24 hour job line (253) 512-2265 or download from www.cityoflakewood.us.

EQUAL OPPORTUNITY EMPLOYER
I certify that the information given by me to the City of Lakewood is true and complete to the best of my knowledge. I understand that, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Lakewood’s interest, nor will I become engaged in such activity or business if employed.

I authorize the City of Lakewood to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Lakewood from any liability for future references it may provide regarding my work history at the City.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the City of Lakewood or myself. I understand that no representative of the City of Lakewood, other than the City Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the City of Lakewood advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the City of Lakewood’s property, the City of Lakewood is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

____________________________________________
Applicant’s Name (Printed)

____________________________________________     _______________
Signature of Applicant        Date

July 2010
NOTIFICATION AND AUTHORIZATION FOR BACKGROUND INVESTIGATION DISCLOSURE STATEMENT

In compliance with the Child and Adult Abuse Information Act, RCW 43.43.830 et seq., all applicants and prospective volunteers who will or may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of their employment or service with the City of Lakewood, are required to disclose the following information for the purpose of a background investigation.

1. **Have you ever been convicted of any crime against children or other persons?** “Crime against children or other persons” means a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape of a child; first, second, or third degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

   Yes _____ No _____

2. **Have you ever been convicted of crime(s) relating to financial exploitation of a vulnerable adult?** Crimes relating to financial exploitation” means first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future. “Vulnerable adult” means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself or a patient in a state hospital.

   Yes _____ No _____

3. **Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?**

   Yes _____ No _____

4. **Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?**

   Yes _____ No _____

5. **Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?**

   “Disciplinary board final decision” means any final decision issued by a disciplining authority under Chapter 18.130 RCW or the secretary of the department of health or the director of the department of licensing for the following businesses or professions:
a) Chiropractic;  
b) Dentistry;  
c) Dental hygiene;  
d) Massage;  
e) Midwifery;  
f) Naturopathy;  
g) Osteopathic medicine and surgery;  
h) Physical therapy;  
i) Physicians;  
j) Practical nursing;  
k) Registered nursing Psychology; and  
l) Real estate brokers and salesmen.

Yes _____   No _____

6. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

Yes _____   No _____

If the answer is “yes” to any of the above questions, please describe the location, date and facts of the conviction below and make reference to the question being answered.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Applicants will be notified of the Washington State Patrol’s response within 10 days after receipt by the City of Lakewood. A copy of the response shall be made available to the applicant.

I certify under penalty of perjury under the laws of the State of Washington that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentations or omission in the above statement. I also understand that if I am hired, my employment is conditioned upon the City of Lakewood’s receipt of a satisfactory report from the Washington State Patrol.

Signature: ________________________________

Name (print): ________________________________

Date of Birth: ________________________________

Date: ________________________________
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The City of Lakewood is an Equal Opportunity Employer. To help us comply with record keeping and reporting requirements, please complete the survey section below. Providing this information is voluntary. This information will be removed from the application packet, kept in a confidential separate file and will not be used in the evaluation of your application.

POSITION APPLIED FOR

NAME

SEX:

☐ MALE       ☐ FEMALE

AGE OVER 40?

☐ YES       ☐ NO

ETHNIC GROUP (Choose only one):

☐ White (not of Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black (not of Hispanic origin) - Those having origins in any of the Black racial groups of Africa.

☐ Hispanic - Those of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture regardless of race.

☐ Asian - Those having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.

☐ Native Hawaiian or Pacific Islander - Those having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Native American or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ Two or more races (not of Hispanic origin).

INDIVIDUAL WITH A DISABILITY?

☐ YES ☐ NO

HOW DID YOU LEARN OF THIS POSITION OPENING?

☐ Newspaper ☐ Job Posting ☐ Job Line ☐ Friend ☐ Internet

2009