

## **TOWN OF PENDLETON**

### **Town Hall**

6570 Campbell Boulevard  
Lockport, NY 14094  
Phone: (716) 625-8833  
Fax: (716) 625-6295



## **TOWN OF PENDLETON**

### **Department of Public Works**

6640 Campbell Boulevard  
Lockport, NY 14094  
Phone: (716) 625-8033  
Fax: (716) 625-6323

### **Position of Part-Time Recreation Director**

The Town Board of the Town of Pendleton is soliciting applicants for the part-time position of Recreation Director. The part-time Recreation Director reports to the Town Board performing the job as outlined in the Civil Service job description. Go to [www.pendletonny.us](http://www.pendletonny.us) to access the Civil Service job description for this posting.

Submit resume to the Town Clerk's Office weekdays between the hours of 8:00 AM and 4:00 PM.

Application materials may also be emailed to [jhickman@pendletonny.us](mailto:jhickman@pendletonny.us) or mailed as follows:

Councilman Joseph Hickman  
Town of Pendleton  
6570 Campbell Boulevard  
Lockport, NY 14094

Dated: March 31, 2022

Please Publish: April 2 and 5, 2022

**DEPARTMENT:** ALL APPLICABLE  
**CLASSIFICATION:** COMPETITIVE – F/T; NON-COMPETITIVE – P/T  
**APPROVED:** JANUARY 6, 2014

**RECREATION DIRECTOR**

**DISTINGUISHING FEATURES OF THE CLASS:** The work involves responsibility for planning, directing and administering a municipal recreation program. The incumbent selects, trains and may supervise personnel, manages finances and performs public relations. This is administrative work involving responsibility for planning and directing a wide recreation program, permitting wide leeway for independent action. This title may be used in the City of North Tonawanda for the oversight of its golf course activities. Administrative supervision is exercised over the work of Assistant Recreation Director, Recreation Leaders, field managers, umpires, clerical staff and others as assigned. Does related work as required.

**TYPICAL WORK ACTIVITIES:**

1. Oversees the planning, organization and direction of municipal recreational activities and programs for all age groups;
2. Organizes, schedules and promotes recreation activities for sports and other activities in order to secure maximum use of recreation facilities which may include playgrounds, gymnasium, parks, or a golf course, etc.;
3. Supervises the planning and assignment of work; and may include making hiring recommendations; instructing & training staff; checking and approving work; conducting performance evaluations; recommending salary adjustments and promotions; and disciplining staff;
4. Prepares, directs, controls and accounts for the fiscal management of the recreation program, department, and/or golf course operations;
5. Prepares and maintains department correspondence, reports, records, applications, grants, etc.
6. May contact and meet with community organizations interested in recreation and/or golf programs, promotes sponsored recreation and/or golf programs, and conducts public relation activities including press releases and public speaking;
7. When assigned to a municipal golf course, coordinates golf leagues, special events, and tournaments; supervises the collection of fees; investigates complaints and answers requests for information; and enforces golf course rules and regulations;
8. May maintain related recreational fields for various sports.

**FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Good knowledge of recreation administrative theory, principles and practices; good knowledge of games and other recreation activities; good knowledge of planning and equipping recreation facilities and areas; good knowledge of public information and public relations techniques; working knowledge of governmental accounting and budgetary procedures; ability to plan, organize, develop and promote a comprehensive recreation program; ability to plan, organize, coordinate, administer and evaluate the effectiveness of program plans and provision of services related to recreational program activities; ability to prepare budgets, operating reports and a variety of other reports relative to program activities; ability to establish and maintain effective working relationships with others; ability to supervise the work of others; ability to communicate effective both verbally and in writing; willingness to work irregular hours; ability to foster a spirit of goodwill and cooperation toward/in the Community; leadership; good judgment; neatness in appearance; reliability; physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS FULL-TIME POSITIONS:**

Graduation from high school or possession of an equivalency diploma **and**

Graduation from a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees with a Bachelor's degree in Physical Education; **or**

Graduation from a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees with an Associate's degree **and** two (2) years of experience as an administrator working in a recreation, athletics, physical education or youth program; **or**

Four (4) years of experience as an administrator working in a recreation, athletics, physical education or youth program.

**CONTINUED**

## RECREATION DIRECTOR CONTINUED

### MINIMUM QUALIFICATIONS FOR PART-TIME/SEASONAL POSITIONS ONLY:

Graduation from high school or possession of an equivalency diploma **and** one of the following:

1. Active participation on an organized sports team or in a recreation program for at least four (4) seasons; **or**
2. Completion of thirty (30) credit hours from a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees; **or**
3. One (1) year of experience in leading recreational activities, teaching, working with children in an organized youth program, or leading children's activities; **or**
4. Four (4) seasons of experience as a recreation aide, recreation attendant, or recreation leader in a municipal recreation program;
5. When assigned to a municipal golf course, in addition to the above, candidates must have at least three (3) months of experience or participation in golf activities in an organized sports league such as high school or community league.

**NOTE:** Volunteer and/or part-time experience will be pro-rated to meet full-time equivalents.

### SPECIAL REQUIREMENT FOR THE CITY OF NORTH TONAWANDA:

Possession of current Community First Aid Certification and a CPR Certification.



# Niagara County Human Resources Department

## Employment/Civil Service Exam Application

You must complete a separate application for each examination. You must pay online or attach a check or money order (payable to Niagara County Civil Service.) All fees are non-refundable.  
Attach your check or copy of your online payment for each examination. NCCS Revised 7/25/2019

Position applying for: \_\_\_\_\_ Examination #: \_\_\_\_\_

Name: \_\_\_\_\_ Examination date: \_\_\_\_\_  
Last First Middle

**Is additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record? If yes, please provide any such additional names.** \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street (or PO Box) City State Zip Code

Residence Address: \_\_\_\_\_  
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Niagara County for the past one (1) month?  Yes  No

Home Telephone Number: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Social Security Number (complete): \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Have you served in the U.S. Armed Forces?  Yes  No Dates of active service: From \_\_\_\_\_ To \_\_\_\_\_

Do you wish to claim veterans credits for this exam?  Yes  No

**Wartime veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must complete the Application for Veteran Credits form and submit a copy of the discharge papers (form DD-214 Member copy 4) to our office for each examination.**

**Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veteran credits granted you on such list?**  Yes  No

If yes, name the agency that established the eligible list: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, do you have a legal right to work in the U.S.?  Yes  No

Do you have a valid NY State Driver's License?  Yes  No If yes, what class? \_\_\_\_\_

**I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law and may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with existing pre-employment physical and drug testing policy, I may be required to submit to a physical examination and urinalysis test as a condition for employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.**

\_\_\_\_\_  
Signature Date

**For Office Use Only**

Payment#: _____ Amount of payment: _____ Fee: _____ Received by: _____ Online Payment: _____ UE Waiver: _____ PA Waiver: _____	Qualified: <input type="checkbox"/> Yes <input type="checkbox"/> No Conditional: _____ Reviewed by: _____ Date: _____ Comments: _____
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**An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:**

- Date**
- Were you ever dismissed from any employment for reasons other than lack of work or funds?  Yes  No \_\_\_\_\_
- Did you ever resign from any employment rather than face dismissal?  Yes  No \_\_\_\_\_
- Were you ever convicted of any violation of law other than a minor traffic violation?  Yes  No \_\_\_\_\_
- Do you currently have any criminal charges pending?  Yes  No \_\_\_\_\_
- Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable?"  Yes  No \_\_\_\_\_
- Did you ever forfeit bail or bond posted to guarantee your appearance in court to answer a criminal charge?  Yes  No \_\_\_\_\_

**Provide an explanation to any of the above for which you marked "Yes."** \_\_\_\_\_

\_\_\_\_\_

**License/Certification – Submit a copy of the license/certification with your application**

Do you have a license, certification, or other authorization to practice a trade or profession?  Yes  No

Is this license/certification permanent?  Yes  No

Name of trade or profession: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

**High School Education**

Have you received a High School Diploma?  Yes  No Check the highest grade completed  8  9  10  11  12

If yes, provide name & location of the high school or issuing government authority: \_\_\_\_\_

If no, have you received a General Equivalency Diploma (GED)?  Yes  No Submit a Copy or Indicate # \_\_\_\_\_

**Education above high school level – Official college transcripts must be submitted if not already on file**

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Training**

Other training you received (i.e. work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____
_____	_____

**Work History** – List your **complete** post-high school work history. Include dates, all employers, & reason for leaving. Attach additional sheets if necessary.

Have ever worked for Niagara County?  Yes  No Date: \_\_\_\_\_ Department: \_\_\_\_\_

Start Date(M/D/Y)	End Date(M/D/Y)	Employer	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Work Experience** – Complete the following Work Experience Form on page 4 for all experience that is **relevant to the position to which you are applying**. Make additional copies of the Work Experience Form and attach to your application as needed. Be sure to include your printed name and signature on all attachments. Volunteer experience must be documented by a statement of verification from the agency representative regarding the number of hours volunteered per week and the activities performed.

- Describe your relevant employment, including military experience, beginning with your current or most recent employment
- **Submission of a resume does not relieve you of the responsibility for completing all sections of this application**
- To receive credit for a job, basic employment information such as address, name & title of supervisor, average number of hours worked, final salary, reason for leaving, specific job duties, your job title, etc. must be completed
- You must provide the percentage of time spent on each duty in order to receive proper credit

**Part-time and/or verifiable volunteer experience will be pro-rated according to the following scale:**

- \* 0 to 7 hours per week = no credit
- \* 8 to 15 hours per week = 1/4 credit
- \* 16 to 22 hours per week = 1/2 credit
- \* 23 to 29 hours per week = 3/4 credit
- \* 30 hours or more per week = full-time work

**Work/Volunteer Experience Form – one employer per page** (make additional copies for each experience relevant to the position applying for)

Candidate Name: \_\_\_\_\_  
Last First Middle

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year) (Average)

Name, address & phone number of employer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

**Your job title(s):** \_\_\_\_\_

Immediate Supervisor’s name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you supervise anyone?  Yes  No Number supervised: \_\_\_\_\_ Type of Supervision: \_\_\_\_\_  
(general, direct, lead worker)

Description of duties: \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
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 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

**Total amount of time (percentages) should equal (100%)**

**All statements are subject to verification.** Do you have any objection to our contacting present or past employers to verify the above?  Yes  No If yes, comment: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date