



BlaineParks.com

# Park Attendant

Blaine Parks and Recreation  
BlaineParks.com • 763-785-6164

## Park Attendant

ages 18 & up • Up to \$13 per hour • Lakeside Commons Park

Under direction of Recreation Managers, Park Attendants are responsible for beach supervision (no lifeguard certification), general cleanliness of the park, monitoring the pavilion, boat rental, concessions, parking permits and attending to park users. Three park attendants work during the majority of the day. The optimal applicant will demonstrate strong leadership skills, good communicator, and show good judgment and enthusiasm. Park Attendants will be trained in all aspects of the park. First aid/AED training is held on May 29.



**Schedule:** Daily, 9AM - 9PM (6 - 8 hrs/day)  
**Dates:** May 29 - September 2  
**Hours per Week:** 25 - 40

**March 29:** **Application Deadline**  
Email, fax, mail, or drop off at: 10801 Town Square Drive, Blaine, MN 55449  
Fax: 763-785-6191 Email: Recreation@BlaineMN.gov

**April 1-4:** **Candidates contacted for interviews**

**April 5-10:** **Interviews**



**APPLICATION FOR EMPLOYMENT**  
**CITY OF BLAINE**  
**10801 Town Square Drive NE**  
**Blaine, MN 55449**  
 Main: (763) 784-6700  
 Fax: (763) 717-2702  
[www.blainemn.gov](http://www.blainemn.gov)

**OFFICE USE ONLY**

Interview: \_\_\_\_\_

<b>Title of Position Applying For</b>	Date Available for Work	Today's Date
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Employment Status Desired:     Full-Time     Part-Time     Seasonal     Temporary

Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code	County
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Email Address \_\_\_\_\_

Home Phone: (    )    -    _____ Work Phone: (    )    -    _____ Cell Phone: (    )    -    _____	Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>
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Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list birth date: ____/____/____	Are you willing to work over time? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been previously employed by the City of Blaine?  Yes    No   If yes, list date(s) and position(s) held: \_\_\_\_\_

Do you have any relatives working for the City of Blaine?  Yes    No   If Yes, list names and relationship to you: \_\_\_\_\_

Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name & Location: _____ _____
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Type of School	Name & Location	Major	Degree, Certificate or Credits Earned
College/University			
College University			
Graduate School			
Technical/Vocational			
Other			

**WORK EXPERIENCE:** List complete employment history, beginning with most recent first. Include paid and unpaid experience.  
\* **PLEASE NOTE** "see resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application. You may attach additional sheets, if needed.

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No. If No, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Mo/Yr)  
From \_\_\_\_\_ To \_\_\_\_\_  
Total (Yr/Mo) \_\_\_\_\_  
Hours Worked Per Week \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Reason for leaving or seeking other employment:  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No. If No, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Mo/Yr)  
From \_\_\_\_\_ To \_\_\_\_\_  
Total (Yr/Mo) \_\_\_\_\_  
Hours Worked Per Week \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Reason for leaving or seeking other employment:  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No. If No, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Mo/Yr)  
From \_\_\_\_\_ To \_\_\_\_\_  
Total (Yr/Mo) \_\_\_\_\_  
Hours Worked Per Week \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Reason for leaving or seeking other employment:  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No. If No, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Mo/Yr)  
From \_\_\_\_\_ To \_\_\_\_\_  
Total (Yr/Mo) \_\_\_\_\_  
Hours Worked Per Week \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Reason for leaving or seeking other employment:  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer?  Yes  No. If No, please indicate reason: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Mo/Yr)  
From \_\_\_\_\_ To \_\_\_\_\_  
Total (Yr/Mo) \_\_\_\_\_  
Hours Worked Per Week \_\_\_\_\_  
Last Salary \_\_\_\_\_  
Reason for leaving or seeking other employment:  
\_\_\_\_\_  
\_\_\_\_\_

**KNOWLEDGE, SKILLS AND ABILITIES SECTION**

Typing Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Speedwriting Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Dictation Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please list computer software programs and hardware you are skilled with: _____ _____		
List other office equipment you can operate: _____ _____		
List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for: _____ _____		
If relevant, list other registrations, licenses or certificates you have: Type: _____ Date Issued: _____ Date Expires: _____ Type: _____ Date Issued: _____ Date Expires: _____		
<b>For Labor &amp; Skilled Trades Only</b> List the equipment you are capable of operating: _____ _____		

**This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for:**

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**VETERAN’S PREFERENCE POINTS:** The City of Blaine operates under a point preference system which awards points to qualified veterans and spouses of disabled or deceased veterans to add to their application results, subject to the provisions of M.S. 43A.11. Complete this section only if you are claiming Veterans preference. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Dept of Veterans Affairs. Veteran is defined by M.S. 197.447. A copy of the Veterans DD214 MUST be attached. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, please contact the MN Dept of Veterans Affairs at 651.556.0596.

To qualify for preference, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien. Veteran’s preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

*NOTE: Veterans MUST supply a copy of their DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the Veteran DD214 and FL-802 or death certificate.*

**ARE YOU APPLYING FOR VETERAN’S PREFERENCE POINTS?  YES  NO**  
**PREFERENCE REQUESTED:**  Veteran (10 pts)  Disabled Veteran (15 pts)  Spouse of Disabled Veteran or  Deceased Veteran (10 or 15 pts)

Do you have a service-related disability?  Yes  No (\_\_\_\_\_%)

<b>REFERENCES:</b> Please list three (3) references (not relatives), who have known you for at least one (1) year, who can attest to your <b>work</b> qualities.			
Name	Relationship to You	Occupation	Telephone Number
			(     )
			(     )
			(     )

**NOTICE TO APPLICANT**

Information requested on your application that is defined by Minnesota Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law.

**NAME:** Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.

**CITIZENSHIP STATUS:** Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

**CRIMINAL HISTORY BACKGROUND CHECKS:** The City of Blaine conducts criminal history background checks on all regular or temporary full-time or part-time employees. For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the City of Blaine will look at the type of conviction and whether it is directly related to the job for which you are applying. Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (M.S. 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes. Before any applicant (other than applicants for positions within the police or fire department or for emergency medical services positions) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by M.S. Chapter 364. This includes the right to show evidence of rehabilitation.

Minnesota Statute Section 518.6111, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

In accordance with the Immigration Reform and Control Act of 1986, the City of Blaine hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Employees and job applicants are subject to drug and alcohol testing in conjunction with the provisions of Minnesota Statutes, Section 181.950, and the provisions as listed in Administrative Policy No. 3.14, Subd. 2. Copies of this policy are available for inspection during regular business hours by employees or job applicants in the Human Resources Department.

If you are hired for this position, you may be required to undergo a physical examination at the employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

**APPLICANT'S STATEMENT**

I certify that I have read the "Notice to Applicant" regarding the Minnesota Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Blaine, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I acknowledge I have read and understand the job announcement for the position of which I am applying. I further acknowledge my understanding that employment with the City of Blaine is "at will" and that employment may be terminated by either the City of Blaine or me at any time, with or without notice. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted City of Blaine policies.

I understand that if offered a position, I may be required to submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I certify that all information I have provided in this application (and accompanying resume, if any) and during any interview for employment is true and complete. I authorize investigation of all statements contained in this application for employment with the City of Blaine as may be necessary in arriving at an employment decision. I agree and understand that any false or misleading statements or omission of information contained in this application or any supplemental materials I submit will be grounds for disqualification from employment, or in the event of employment, dismissal of employment upon discovery of the information at a later date.

By signing this form I hereby acknowledge I have read and understand the above statements. *Failure to sign this form may result in rejection of your application.*

**Signature of Applicant**

**Date**

The City of Blaine considers applicants for all positions without regard to race, age, religion, national origin, sex, marital or veteran status, disability, sexual preference, status with regard to public assistance, or any other basis protected by law. EOE/ADA

## APPLICANT DATA RECORD

The City of Blaine is an Equal Opportunity Employer in its recruitment and procedures. Applicants are considered for all positions, and employees are treated during employment without regard to race, age, religion, national origin, sex, marital or veteran status, disability, sexual preference, status with regard to public assistance, or any other basis protected by law.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with State and Federal record keeping, reporting and other legal requirements, please complete the Applicant Data Record. Periodic reports are made to the government using the following information. *This form will be filed separate from your application and it will not be used in our recruitment evaluation process.* The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is *voluntary* and inclusion or exclusion of data will not affect any recruitment selection decisions. We appreciate your cooperation. Refusal to provide this information will not disqualify you from present or future employment or adverse treatment.

Title of Position Applying For:		Today's Date:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65		
<i>Please check one of the following:</i>			
<input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other			
<i>Please check if any of the following are applicable:</i>			
<input type="checkbox"/> Disabled Individual <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran			
<input type="checkbox"/> Spouse of Disabled Individual <input type="checkbox"/> Spouse of Deceased Veteran			

## REFERRAL SOURCE

*How were you made aware of this employment opportunity?*

Internet (specify site): \_\_\_\_\_

Newspaper (Specify paper): \_\_\_\_\_

Employment Agency (List name): \_\_\_\_\_

Employee Referral (Provide name): \_\_\_\_\_

Community Agency Referral (Specify name): \_\_\_\_\_

Walk-In

City of Blaine Job Line

Friend

Other Source: \_\_\_\_\_

***THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.***

## City of Blaine

### Employment Application Instructions

#### General Information

- **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before completing the application materials. Announcements may contain special instructions and requirements.
- ***For position applications that require the completion of a supplemental application***, your score will be determined by an evaluation of the job related experience and training you describe on the application form and the supplemental application form. **Furnish complete information** so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application but not in lieu of a completed application.
- Submit a separate application for each job. Type or print clearly in dark ink. Legible photocopies are accepted.
- Your application and all attachments become the property of the City of Blaine and will not be returned. Keep a copy of your completed application.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted past the application deadline as listed on the job announcement.

Complete this form if you are applying for the Park Attendant position.

Candidate Name \_\_\_\_\_

**Park Attendant**

**SUPPLEMENTAL APPLICATION - CITY OF BLAINE**

**POSITION: TEMPORARY Park Attendant  
Lakeside Commons Park**

**TO ALL JOB APPLICANTS:** Completion of this supplemental application is required as part of the City's employment process in order to more accurately evaluate your qualifications for the position of Temporary Park Attendant. Attach additional pages if necessary.

\_\_\_\_ Park Attendant at Lakeside Commons

A1. Describe your experience related to parks, recreation, and customer service.  
Be specific: number of years, how frequent and in what capacity, etc.

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B2. Describe your experience related to concessions and facilities.  
Be specific: number of years, how frequent and in what capacity, etc.

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C3. Describe your experience with boating, park supervision, cash registers, and beaches.  
Be specific: number of years, how frequent and in what capacity, etc.

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D4. List any education, training, or certifications you have related to this position. \_\_\_\_\_

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E5. What other experience do you have that we should know about as we consider you for this position?

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