

Employment Application  
Wellness and Recreation Director  
City of Concordia

Date: \_\_\_\_\_

Dear Applicant: We appreciate your interest in our organization, and we assure you that we are interested in your qualifications. The City of Concordia is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

Complete Application in Full

PERSONAL DATA:

Name: \_\_\_\_\_  
Last
First
MI

Address: \_\_\_\_\_ Telephone: \_\_\_/\_\_\_/\_\_\_  
No. & Street
City
State
Zip

Email: \_\_\_\_\_

Are you 21 years or older? Yes No

Have you earned a high school diploma or GED? Yes No

Do you have a valid driver's license? Yes No

EDUCATION:

		Name and Location of School	Course of Study/Major	Degree Received
College or Vo-Tech credits with no degree or certificate	Yes No			
Two-year college degree or Vo-Tech certificate	Yes No			
College credits in excess of two years with no bachelor's degree	Yes No			
Bachelor's degree in Kinesiology, Sports Management, Exercise Science, Recreation Administration, or a closely related field	Yes No			
Bachelor's degree in major other than those stated	Yes No			
Master's degree in Kinesiology, Sports Management, Exercise Science, Recreation Administration, or a closely related field	Yes No			
Master's degree in field other than those stated	Yes No			

List any certifications or professional association memberships that relate to the position of Wellness and Recreation Director:

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EMPLOYMENT RECORD: Complete your employment record for at least the past 10 years. Include military experience if applicable. Please explain any gaps between jobs on the last page in "comments."

Present or last Employer: \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Ending or Present Salary: \$ \_\_\_\_\_

If you are selected as a finalist for this position, may we contact your present employer for reference? \_\_\_\_Y \_\_\_\_N

Supervisor: \_\_\_\_\_

Briefly explain duties: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

May we contact this employer for reference? \_\_\_\_Y \_\_\_\_N

Supervisor: \_\_\_\_\_

Briefly explain duties: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

May we contact this employer for reference? \_\_\_Y \_\_\_N

Supervisor: \_\_\_\_\_

Briefly explain duties: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

May we contact this employer for reference? \_\_\_Y \_\_\_N

Supervisor: \_\_\_\_\_

Briefly explain duties: \_\_\_\_\_

\_\_\_\_\_

Are you presently employed? Y N

If yes, why do you wish to leave? \_\_\_\_\_

Have you ever been employed by the City of Concordia? Y N If so, in which department? \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Do you have any relatives working for the City of Concordia? Y N If yes: Department \_\_\_\_\_ Relationship \_\_\_\_\_

#### REQUIREMENTS:

This is a 40 hour per week salaried position that requires flexible scheduling. Will you be available to work weekday evenings May-October and occasional weekend days during the winter? Y N

Are you available to attend occasional out of town workshops, seminars, or courses? Y N

Are you comfortable speaking in small groups or public meetings? Y N

Are you presently participating in an exercise or athletic program? Y N

TRAINING AND EXPERIENCE: Do you have training, coursework, or experience in:

Safety practices at wellness and athletic events? Y N

Preparing and implementing written action plans? Y N

Working as a member of task forces, groups, or committees? Y N

Occupying leadership positions? Y N

Hiring employees? Y N

Discharging employees? Y N

Planning wellness activities? Y N

Overseeing wellness activities? Y N

Supervising grounds maintenance for athletic facilities? Y N

Proficiency with Word, Excel, and email? Y N

Preparing and following a budget for a program? Y N

Overseeing:

Youth baseball? Y N

Youth softball? Y N

Youth soccer? Y N

Adult basketball? Y N

Adult volleyball? Y N

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide written responses to each of the following questions (maximum 500 words each):

1. Why is this a good time in your career for you to seek the position of Wellness and Recreation Director for the City of Concordia?
2. What steps would you take to implement an active wellness program?
3. What is the most important goal of youth sports and recreation programs, and how is that goal best obtained?
4. Applicants who do not possess a Bachelor's Degree in Kinesiology, Sports Management, Exercise Science, Recreation Administration, or a closely related field, or who do not have 2-5 years' experience in planning or administering recreational and wellness programs, may submit an additional 500 word essay describing their equivalent combination of education, training and experience that provides a thorough knowledge of the equipment, facilities, and programs required in a comprehensive wellness and recreation program.

REFERENCES:

List three persons who are not related to you and who have a definite knowledge of your qualifications and fitness for the position for which you are applying.

	Name	Address	Occupation	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**All offers of employment will be conditional and subject to the passing a pre-employment physical and drug screen. Applicant driving record must be acceptable by the city's insurance carrier.**

**In consideration of my employment, I agree to conform to City of Concordia's rules and regulations, and I agree that my employment and compensation can be terminated at will, with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time.**

**I hereby certify that the information given in this application is true and correct. I understand that the City may research all statements and claim made on this application and make reference checks. If research shows that false information was willfully given by me, it shall be considered sufficient cause for rejection or dismissal.**

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