

# DESK ATTENDANT

## CITY OF MONTEVIDEO - JOB APPLICATION INFORMATION

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### NOTICE TO APPLICANTS

#### Instructions for Completing Application:

- 1) Read the job announcement and job description (including the physical job description) carefully to be sure you meet all minimum requirements.
- 2) Read and fill out the job application completely. Failure to do so may void your application.
- 3) Read and fill out the supplemental application form, if applicable. Failure to do so may void your application.
- 4) **Veterans Preference:** Qualified veterans or spouses of disabled or deceased veterans may apply to have extra points added to the initial evaluation score. **If you are applying for Veterans Preference Points, the Veterans Preference Application must be filled out completely, or no points will be given.**
- 5) The Initial Evaluation, which includes the Veterans Preference Points, is used to ascertain if the applicant meets the minimum requirements for employment with the city/utility, and to form a pool of the top 10 applicants or top 10%, whichever is greater. Applicants making it into the top 10 or 10% will be further evaluated using various methods, such as personal interviews, skill testing and reference checks.
- 6) Applications must be received by due date. If no due date is listed, applications should be sent in as soon as possible. The City of Montevideo reserves the right to begin evaluations at any time, and applications received after their evaluation has begun will be held for later review, if needed.
- 7) If you require any special testing or interview conditions, attach an explanation, or contact the city manager.
- 8) All materials submitted in support of your application become the property of the City of Montevideo and cannot be returned.

## HELP WANTED

The City of Montevideo is now taking applications until Friday, April 4, 2025 for the position of Outdoor Pool Desk Attendant/Concession Worker. Applicants must be 15 years of age and older. Some benefits include Earned Sick and Safe Time if work over 80 hours in the year, flexible schedules, overtime pay and opportunities to gain new skills. Pay range is \$11.13 to \$14.00 per hour.

Application packet, including job description, is available on-line at [www.montevideomn.org](http://www.montevideomn.org) or may be requested by calling (320) 269-6575, e-mailing [montevideo@montevideomn.org](mailto:montevideo@montevideomn.org) or writing to: City of Montevideo, P.O. Box 517, Montevideo, MN, 56265.

Equal Opportunity Employer (EOE)

## JOB DESCRIPTION-CITY OF MONTEVIDEO

**Job Title:** Outdoor Pool Attendant/Concessions

**General Statement of Duties:** Under the immediate supervision of the pool manager, attendants will be responsible for collecting fees, keep daily records, check in valuables, sell concession items, prepare concession items and keep the pool area neat and clean.

**Supervision Received:**

1. Pool manager
2. Assistant manager/lead lifeguard
3. Public Works Director

**Supervision Given:** None

### Examples of Principal Duties:

1. Collect daily fees and record on daily log sheets.
2. Check in valuables and issue baskets.
3. Prepare, display and sell concession items.
4. Keep pool area neat and clean.
5. Assist manager and guards in enforcing pool rules.
6. Other duties as assigned.

**Minimum Requirements:** 16 years of age, efficient in basic math skills.

**Preferred Experience and Training:** High school graduate, and two years experience in working with the public.

*THIS JOB DESCRIPTION DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT*  
FLSA STATUS: ( ) Exempt ( X ) Non-Exempt UNION STATUS: None.

Revised or Adopted: 3/14/17 By: Steve Jones

**PHYSICAL JOB DESCRIPTION**

POSITION: Pool Attendant/Concession

(Note: In terms of an eight-hour day, "Occasionally" equals 1% to 33%;  
"Frequently" equals 34% to 66%; "Continuously" equals 67% to 100%.)

1) In an eight-hour work day, employee must:

- A. Sit 40
- B. Stand 40
- C. Walk 20

2) Employee's job requires:

|                                  | Not at all | Occasionally | Frequently | Continuously |
|----------------------------------|------------|--------------|------------|--------------|
| A. Bend/Stoop                    |            | X            |            |              |
| B. Squat                         |            | X            |            |              |
| C. Crawl                         | X          |              |            |              |
| D. Climb<br>Height _____         | X          |              |            |              |
| E. Reach above<br>shoulder level |            | X            |            |              |
| F. Crouch                        |            | X            |            |              |
| G. Kneel                         |            | X            |            |              |
| H. Balance                       | X          |              |            |              |
| I. Push/Pull                     |            | X            |            |              |

3) Employee's job requires he/she carry:

|                  |   |   |   |  |
|------------------|---|---|---|--|
| A. Up to 10 lbs. |   |   | X |  |
| B. 11-25 lbs.    |   | X |   |  |
| C. 26-35 lbs.    |   | X |   |  |
| D. 36-50 lbs.    |   | X |   |  |
| E. 51-75 lbs.    | X |   |   |  |
| F. 76-100 lbs.   | X |   |   |  |

4) Employee's job requires he/she lift:

|                  |   |   |   |  |
|------------------|---|---|---|--|
| A. Up to 10 lbs. |   |   | X |  |
| B. 11-25 lbs.    |   | X |   |  |
| C. 26-35 lbs.    |   | X |   |  |
| D. 36-50 lbs.    |   | X |   |  |
| E. 51-75 lbs.    | X |   |   |  |
| F. 76-100 lbs.   | X |   |   |  |

5) Job requires employee to use feet for repetitive movements as in operating foot controls:

|            |     |           |     |      |     |
|------------|-----|-----------|-----|------|-----|
| Right foot | N/A | Left foot | N/A | Both | N/A |
|------------|-----|-----------|-----|------|-----|

6) Job requires employee to use hands for repetitive action such as:

|            | Simple Grasping | Fine Grasping | Fine Manipulating |
|------------|-----------------|---------------|-------------------|
| Right hand | Yes             | Yes           | Yes               |
| Left hand  | Yes             | Yes           | Yes               |

7) Employee's job requires:

|   | Yes/No | Comments |
|---|--------|----------|
| A. Working on unprotected heights?                        | No     |          |
| B. Being around moving machinery?                         | No     |          |
| C. Exposure to marked changes in temperature or humidity? | Yes    |          |
| D. Driving automotive equipment?                          | No     |          |
| E. Exposure to dust, fumes, gasses?                       | No     |          |

8) Other special requirements?

Please note: This physical job description is not meant to include every task expected to be completed by the employee, but rather should be used as a thumb nail sketch of normal operation(s).

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION:

Minnesota Statutes 13.01-13.99 on data privacy require that you be informed that the following information which you may be asked to provide in the employment process is considered private data:

Name  
Home Address  
Home Phone Number  
Social Security Number  
Date of Birth  
Conviction Record  
Sex  
Age Group  
Racial/Ethnic Group  
Disability Type  
Previous Employment Drug/Alcohol Testing and Prehire Drug Testing

We may ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To enable us to verify that you are the individual who is applying for the job.
3. To enable us to contact you when additional information is required.
4. To determine if you meet the minimum age requirements (if any).
5. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position.
6. To enable us to ensure your rights to equal opportunities.
7. To meet federal testing or reporting requirements.
8. To make processing more efficient.

The data supplied may be used for such other purposes as may be determined to be necessary in the administration of the city.

Furnishing social security number, date of birth (unless minimum age is required), sex, age group, racial/ethnic and disability data is voluntary, but refusal to supply other requested information will mean your application for employment may not be considered.

Private data is available only to you and to those in the city who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

If you pass the initial evaluation, your name, score and standing will become public information and may be provided to anyone.

If you are hired by the City of Montevideo, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in the city health and life insurance plans, will be classified as private data as will payroll deduction data.

Pre-employment drug testing is required of some positions, as is ongoing alcohol and drug testing. If this is required of your position, you will be notified. In some positions, employment cannot be offered unless drug testing is completed and passed and drug and alcohol testing information from previous employees is obtained. Drug and alcohol testing information is considered private data.

# CITY OF MONTEVIDEO, MINNESOTA

## Application for Employment

**Part 1: Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone No:** \_\_\_\_\_ **Are you 15 years or Older?** \_\_\_\_\_

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**Part 2: Position Desired:** \_\_\_\_\_

**Date you can start:** \_\_\_\_\_ **Are you employed now?** \_\_\_\_\_

**May we inquire of your present employer?** \_\_\_\_\_

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**Part 3: Education**

|                                   | <u>Name and Location</u> | <u>Did you Graduate</u> | <u>Subjects Studied</u> |
|-----------------------------------|--------------------------|-------------------------|-------------------------|
| 1) <u>High School:</u> .....      |                          |                         |                         |
| 2) <u>College:</u> .....          |                          |                         |                         |
| 3) <u>Trade or Vo-Tech:</u> ..... |                          |                         |                         |

**Areas of Special Study, Skills, or Certifications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Part 4: Veterans Preference:**

- 1) Are you a Veteran? \_\_\_\_\_
- 2) Are you a Disabled Veteran? \_\_\_\_\_
- 3) Are you a widow/widower of a Veteran? \_\_\_\_\_
- 4) Are you a spouse/widow/widower of a Disabled Veteran? \_\_\_\_\_

(If you answered yes to 1, 2, 3, or 4 please see the attached sheet, Veterans Preference Points Application Instructions.)

**Part 5: Former Employers** (List the last three, starting with the last one first.)

|    | <u>Dates of Employment</u><br><u>Month and Year</u> | <u>Company Name</u> | <u>Address</u> | <u>Position</u> | <u>Reason For Leaving</u> |
|----|---|---------------------|----------------|-----------------|---------------------------|
| 1) |   |                     |                |                 |                           |
| 2) |   |                     |                |                 |                           |
| 3) |   |                     |                |                 |                           |

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**Part 6: References**

|    | <u>Name</u> | <u>Address</u> | <u>Telephone #</u> | <u>Relationship</u> | <u>Years Acquainted</u> |
|----|-------------|----------------|--------------------|---------------------|-------------------------|
| 1) |             |                |                    |                     |                         |
| 2) |             |                |                    |                     |                         |
| 3) |             |                |                    |                     |                         |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, and release all parties from liability for any damage that may result from furnishing same to you.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The City will continue the Evaluation process for the top 10 applicants (or top 10%, whichever is greater) according to the Initial Evaluation.*

**DO NOT WRITE BELOW THIS LINE**

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City Staff only

**INITIAL EVALUATION**

1) Does the Applicant meet the minimum requirements for the job as noted in the job description and Supplemental Applicant/Evaluation form? 70 Points = \_\_\_\_\_

***MUST RECEIVE 70 POINTS TO CONTINUE***

2) Points for Education and Experience as noted in the Supplemental Application/Evaluation form. 15 Points Maximum = \_\_\_\_\_

3) Veteran, or widow/widower of Veteran. 10 Points = \_\_\_\_\_

4) Disabled Veteran, or spouse/widow, widower of Disabled Veteran 5 Points = \_\_\_\_\_

RANK: \_\_\_\_\_ 100 Maximum Possible Points = \_\_\_\_\_

**CITY OF MONTEVIDEO  
SUPPLEMENTAL APPLICATION FORM**

**JOB TITLE:**      Outdoor Pool Attendant/Concessions

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 1:** Please answer the following questions:

- A.    I am 15 years old or older.                    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- B.    I have shown efficiency in basic math skills.                    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- C.    I have reviewed the written and physical job description and to the best of my knowledge can fulfill the requirements of both.                    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Part 2:** Please answer the following questions:

- A.    I am a high school graduate or equivalent.                    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- B.    I have a minimum of two years experience working with the public.                    \_\_\_\_\_ Yes    \_\_\_\_\_ No

State specific experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to evaluation points. Points are awarded subject to the provisions of Minnesota Statutes.

To be eligible for veterans preference points, you must have 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 having served the full period called or ordered for 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 and by the spouse of a disabled veteran who is unable to qualify because of the disability (see required documentation below.)

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR 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'S DD214 AND FL-802 DEATH CERTIFICATE.

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ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?  Yes  No

If you answered yes, your DD214 or other documentation must be received no later than the final day the position you are applying for is officially closed.

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Veteran's Preference Points Application

Veteran

Self  Spouse If spouse, veteran's name: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Period of active duty: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Date of final discharge: \_\_\_\_\_ Service No.: \_\_\_\_\_

Are you receiving or eligible for a military pension? \_\_\_\_\_

Do you have a compensation service-related disability? \_\_\_\_\_

Preference requested:  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Spouse of Deceased Veteran

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Supporting documentation attached:  Yes  No