



EMPLOYMENT OPPORTUNITY

The City of Anamosa, Iowa is seeking a detail-oriented and proactive leader, who is organized, familiar with public budgeting, and has excellent communication skills, to serve as the next...

Parks & Recreation Director

City of Anamosa
107 S. Ford Street
Anamosa, IA52205
Office: 319-462-6055
Fax: 319-462-6081

Web: www.anamosa-iowa.org

PARKS & RECREATION DIRECTOR

The City of Anamosa (pop. 5,450) is seeking a detail-oriented and proactive leader, who is organized, familiar with public budgeting, and has excellent communication skills, to serve as the next Parks & Recreation Director.

Under the general direction of the City Administrator, the Parks & Recreation Director is responsible for managing, directing, supervising, coordinating, and budgeting for all aspects of the Parks & Recreation Department.

In collaboration with the Park Board and Anamosa City Council, the Parks & Recreation Director provides leadership to the full-time, part-time, and seasonal employees, who operate the Lawrence Community Center, Aqua Court, Parks, Programs, and Events.

Required Qualifications:

- Associate's degree or equivalent coursework in public administration, business administration, parks and recreation management, or a related field (Bachelors degree preferred).
- Three (3) years of progressively responsible experience managing municipal department operations; or an equivalent combination of education and experience to successfully perform the essential duties of the position.
- US Citizen.
- Valid Iowa Driver's License (at the time of appointment).
- Must be able to work evenings and weekends.

The Parks & Recreation Director is an FLSA exempt position. Starting salary range is \$44,000-\$50,000, DOQ. Benefits include IPERS retirement, life/medical/dental/vision insurance, holidays, and paid leave.

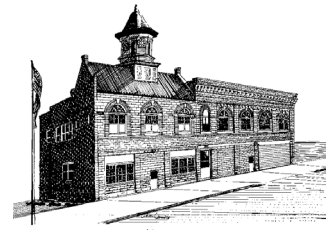
To apply, submit a cover letter, resume, and City employment application to: anamosa.employment@gmail.com

**Application deadline:
September 8, 2023, at 4:30pm**

For additional information please contact
Jeremiah Hoyt, City Administrator
Email: jeremiah.hoyt@anamosa-ia.org
Phone: (319) 462-6055

City of Anamosa

Application for Employment



(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or hardship.

Date of Application: _____

Position(s) Applying For: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone Number (____) _____ Social Security Number _____
area code

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you currently employed? Yes No

Are you a citizen of the United States? Yes No If not, do you possess an Alien Registration Card? Yes No

If not, do you possess an Alien Registration Card? Yes No If yes, give Registration Number _____

Are you available to work? Full Time Part Time Temporary Regular

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work for the City of Anamosa? Yes No

If yes, list name(s) _____

Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

If yes, please explain _____

Have you ever been convicted of a moving traffic violation in the last 3 years? Yes No

If yes, please explain _____

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities.

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Give name, address and phone number of three references not related to you.

1. _____

2. _____

3. _____

Military

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? _____

Education

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.				

Honors Received: _____

Summarize your office experience. List specific duties and responsibilities. List finance experience and also computer office software that you have had training and/or experience using (i.e. Excel, Word, Powerpoint, etc.). Outline tasks that you performed using the various software. Explain office experience that you have had dealing with filing, organizing, and contact with the public. If necessary use the back side of this page.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

_____ PC	_____ MS Office Professional	_____ MS Outlook
_____ Excel_	_____ Word	_____ Access
_____ Power Point	_____ Calculator	_____ Fax
_____ Email	_____ Internet	

State any additional information you feel may be helpful to us in considering your application.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Anamosa, whether the said records are of a public, private or confidential nature, including criminal histories. The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Anamosa. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Anamosa from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Signature of applicant:

Date:

The City of Anamosa is an equal opportunity employer.

City of Anamosa—Applicant’s Statement

I certify that answers and information given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview **Yes** **No**

Remarks _____

Employed **Yes** **No**

Date of Employment _____

Job Title _____ **Dept.** _____

Hourly/Salary Rate _____

By:

Name and Title

Date



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us

REQUEST FOR CLOSED SESSION AND CONFIDENTIALITY
ANAMOSA, IOWA CITY COUNCIL

As a candidate for the position of Parks & Recreation Director with the City of Anamosa, Iowa, I do hereby request that all reviews and interviews that I have for this position be held in closed session of the Anamosa City Council. I also request that any discussions regarding my qualifications and competency for this position also be held in closed session to prevent any needless and irreparable injury to my reputation.

I request that my resume and related information not be available as a public record. I also request that any reports or summaries of my qualifications or references not be available as a public record and remain confidential. It is my belief that the public disclosure of my application materials for this position could result in needless and irreparable injury to my reputation.

This request is made in accordance with Chapter 21.5(i) of the State Code of Iowa, which reads as follows:

“To evaluate the professional competency of an individual whose appointment, hiring, performance or discharge is being considered when necessary to prevent needless and irreparable injury to that individual's reputation and that individual requests a closed session.”

Signed this _____ day of _____, 2023.

Printed name of candidate

Signature