

# City of De Pere Part-Time Employment Opportunities

## PiYo Core Instructors; Substitute Yoga Instructors

### **Job Duties**

Instruct recreational PiYo Core classes for ages 13 to adult. Substitute positions for morning and evening Yoga classes also available if desired. Basic certifications required; previous teaching experience and continued education a plus.

Applicant should have:

- Experience, training and basic certifications in Pilates, PiYo and/or Yoga (advanced certifications a plus)
- basic knowledge of anatomy & physiology
- knowledge of healthy lifestyle principles and exercise
- the ability to perform & instruct intermediate to advance levels in Pilates, PiYo, and/or Yoga and deliver modifications to meet multiple skill levels
- the ability to communicate and work well with the public
- energy, enthusiasm, and resourcefulness

### **Hours**

Current classes offered: PiYo Core - Monday &/or Wednesday evenings, 5:30 – 6:30 p.m.  
Sub for Morning Yoga - Tuesday & Thursday mornings, 7:30 – 8:30 a.m.  
Sub for Evening Yoga - Monday & Thursday evenings, 6:45 – 7:45 p.m.  
60 minute classes, typically 7 weeks long, year-round. Paid 1.25 – 1.75 hours per class. All classes held at the De Pere Community Center, 600 Grant Street, De Pere.

### **Pay Range**

\$20.00 - \$28.00 per class, depending on experience, certifications & class size. There are no benefits associated with this position.

### **Residency**

You do not have to be a resident of the City of De Pere to apply for this position.

### **How To Apply**

If you are interested in becoming an instructor, please contact the De Pere Community Center at 339-4097 for an application packet. Applications can be accessed on the City of De Pere's website at [www.de-pere.org](http://www.de-pere.org), click on the Jobs tab at top of home page. Your completed application can be mailed or dropped off at the address listed below. Resumes will not be accepted in lieu of a completed application.

### **Application Deadline**

Open until filled.

Equal Opportunity Employer

De Pere Community Center  
600 Grant Street  
De Pere, WI 54115  
(920) 339-4097  
Office hours: 8:00 am – 4:30 pm, M-F

If you have any questions regarding this position please contact Paula Rahn, Community Center Manager, at (920) 339-2471.

# City Of De Pere



## Parks, Recreation & Forestry, and Public Works – Application Packet

The City of De Pere does not discriminate on the basis of any class identified in Section 111.31, Wis. Stats.

| Position Applied For                | Where To Return Your Application   | Office Hours/Telephone Number   |
|-------------------------------------|--|---|
| Maintenance & Engineering Positions | Municipal Service Center (MSC)<br>925 S. Sixth Street<br>De Pere, WI 54115 | 7:30 a.m. – 4:00 p.m., M-F<br>Excluding weekends and holidays<br>920/339-4065 |
| All Other Positions                 | Community Center<br>600 Grant Street<br>De Pere, WI 54115                  | 8:00 a.m. – 4:30 p.m., M-F<br>Excluding weekends and holidays<br>920/339-4097 |

In order of preference, please list the titles of the positions that you are applying for:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Daytime Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Include Area Code Include Area Code

School Address \_\_\_\_\_  
Street City State Zip

Home Address \_\_\_\_\_  
Street City State Zip

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (The City has age minimums for certain positions.)

Indicate dates you are available for interviews: \_\_\_\_\_

Are you currently available for employment? \_\_\_\_\_

Are there any times/dates that you will not be able to work? \_\_\_\_\_

Do you possess a valid driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No

State: \_\_\_\_\_ License Number: \_\_\_\_\_

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Please complete the following if you are applying for an activity instructor. Preceding each list of activities, place an (x) on those in which you have taken part; (xx) on those you have organized or directed; and (xxx) on those you are prepared to teach and/or officiate.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acrobatics      | <input type="checkbox"/> Volleyball               | <input type="checkbox"/> Aerobics          |
| <input type="checkbox"/> Gymnastics      | <input type="checkbox"/> Ice Skating              | <input type="checkbox"/> Dancing           |
| <input type="checkbox"/> Track and Field | <input type="checkbox"/> Games                    | <input type="checkbox"/> Nature Activities |
| <input type="checkbox"/> Band Activities | <input type="checkbox"/> Social Recreation        | <input type="checkbox"/> Social Recreation |
| <input type="checkbox"/> Baseball        | <input type="checkbox"/> Imaginative Play & Drama | <input type="checkbox"/> Table Games       |
| <input type="checkbox"/> Softball        | <input type="checkbox"/> Tournaments              | <input type="checkbox"/> Basketball        |
| <input type="checkbox"/> Golf            | <input type="checkbox"/> Touch Football           | <input type="checkbox"/> Athletic Leagues  |
| <input type="checkbox"/> Tennis          | <input type="checkbox"/> Art Activities           |  |

**For Lifeguard & Swimming Instructor Positions Only**

Do you have certificates for the following American Red Cross courses? If you answer yes, please attach copies of these certificates with this application. If you are currently taking the courses, please indicate the estimated dates of completion.

|                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Estimated Date of Completion |
|----------------------------------|------------------------------|-----------------------------|------------------------------|
| Water Safety Instructor (WSI)    | <input type="checkbox"/>     | <input type="checkbox"/>    | _____                        |
| Lifeguard Training               | <input type="checkbox"/>     | <input type="checkbox"/>    | _____                        |
| Community First Aid              | <input type="checkbox"/>     | <input type="checkbox"/>    | _____                        |
| CPR for the Professional Rescuer | <input type="checkbox"/>     | <input type="checkbox"/>    | _____                        |

Do you have experience in swimming instruction, guarding and management:  Yes  No

**EDUCATION**

Did you graduate from high school?  Yes  No

If you are currently attending high school, what grade are you in: \_\_\_\_\_

| Higher Educational Institution<br>Name, Location and Dates Attended | Major Field | Did You Graduate?<br>(Yes/No) | Degree Received<br>(Masters, Bachelors, Associate, etc.) |
|---|-------------|-------------------------------|--|
|   |             |                               |  |
|   |             |                               |  |

**Please list any certifications you have in relation to the position you are applying for:**

**EMPLOYMENT**

Please list in chronological order your employment history starting with your most recent job. You may include military assignments, volunteer activities, internships, etc. You may attach additional sheets if necessary.

|   |   |                |
|---|---|----------------|
| Employer:   | Telephone #:  |                |
| Address:  | Dates Employed:<br>From            To                 | Hours Per Week |
| Starting Position Held:   | Hourly Rate/Starting Salary:                          |                |
| Final Position Held:  | Hourly Rate/Final Salary:                             |                |
| Immediate Supervisor and number where they can be reached:            | May we contact this person: _____ Yes _____ No        |                |
| Reason for leaving:   | Were you involuntarily discharged: _____ Yes _____ No |                |
| List duties and responsibilities.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |   |                |

|   |   |                |
|---|---|----------------|
| Employer:   | Telephone #:  |                |
| Address:  | Dates Employed:<br>From            To                 | Hours Per Week |
| Starting Position Held:   | Hourly Rate/Starting Salary:                          |                |
| Final Position Held:  | Hourly Rate/Final Salary:                             |                |
| Immediate Supervisor and number where they can be reached:            | May we contact this person: _____ Yes _____ No        |                |
| Reason for leaving:   | Were you involuntarily discharged: _____ Yes _____ No |                |
| List duties and responsibilities.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |   |                |

|   |   |                |
|---|---|----------------|
| Employer:   | Telephone #:  |                |
| Address:  | Dates Employed:<br>From            To                 | Hours Per Week |
| Starting Position Held:   | Hourly Rate/Starting Salary:                          |                |
| Final Position Held:  | Hourly Rate/Final Salary:                             |                |
| Immediate Supervisor and number where they can be reached:            | May we contact this person: _____ Yes _____ No        |                |
| Reason for leaving:   | Were you involuntarily discharged: _____ Yes _____ No |                |
| List duties and responsibilities.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |   |                |

|   |   |                |
|---|---|----------------|
| Employer:   | Telephone #:  |                |
| Address:  | Dates Employed:<br>From            To                 | Hours Per Week |
| Starting Position Held:   | Hourly Rate/Starting Salary:                          |                |
| Final Position Held:  | Hourly Rate/Final Salary:                             |                |
| Immediate Supervisor and number where they can be reached:            | May we contact this person: _____ Yes _____ No        |                |
| Reason for leaving:   | Were you involuntarily discharged: _____ Yes _____ No |                |
| List duties and responsibilities.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |   |                |

**IN CASE OF ACCIDENT OR EMERGENCY – CONTACT NAME**

Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a crime, including traffic tickets? YES  NO

If yes, list ALL convictions that you were charged as an ADULT, including traffic tickets and any charges pending in any court of law (federal, state, municipal court, military tribunal). Information provided in response to this question does not constitute an automatic bar to employment. The circumstances of each case will be evaluated in accordance with Section 111.32, Wis. Stats. Any information found to be false, incomplete, or misrepresented in any respect will be sufficient cause to cancel further consideration of your application, and may result in your discharge from employment, whenever it is discovered. Attach additional page(s) if necessary.

| Date | Charge | Place | Court/Tribunal | Action Taken |
|------|--------|-------|----------------|--------------|
|      |        |       |                |              |
|      |        |       |                |              |
|      |        |       |                |              |
|      |        |       |                |              |
|      |        |       |                |              |

**APPLICANT’S STATEMENT - PLEASE READ CAREFULLY**

I certify that all the information I have provided in order to apply for and secure work with the City of De Pere (City) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application and may result in my discharge from the employer’s service, whenever it is discovered.

I understand that consideration for employment with the City is contingent upon the results of reference and background checks. I authorize City personnel to investigate all information provided by me on my application for employment. I understand that this information will be used to evaluate my qualifications and suitability for City employment and to verify the correctness and completeness of the information provided by me.

I further understand that the reference and background checks necessitate contacting present and past employers and any listed references or other individuals, who can verify information. I authorize any party to release any information they may have about me to the City, including all of my personnel records. I understand that the people contacted will be advised that what they say will be held in confidence.

To the extent permitted by law, I hereby release from any and all liability the City, its offices, officials and all City employees and agents for acts performed in connection with evaluating my applications, background, credentials and qualifications.

I understand that the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all term of the foregoing Applicant Statement.

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

Updated: April 2013

**PLEASE COMPLETE THE FOLLOWING INFORMATION  
AND RETURN IT WITH YOUR APPLICATION:**

Any information provided is voluntary and will be kept confidential. Refusal to provide this information will not subject you to adverse treatment.

**NAME:**

\_\_\_\_\_

(Last)

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle Initial)

**ADDRESS:**

\_\_\_\_\_

(Street)

\_\_\_\_\_

(Apt #)

\_\_\_\_\_

(City)

\_\_\_\_\_

(State)

\_\_\_\_\_

(Zip)

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**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INFORMATION**

**Please complete the following by checking the appropriate boxes:**

**SEX:**       Male     Female

**AGE:**       40 and Over     Under 40

**ETHNIC ORIGIN:** (Please check one)

- American Indian/Alaskan Native
- Asian American/Far Eastern or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa), Hmong
- Black/African American (not of Hispanic origin)
- Hispanic/Latino/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- Native Hawaiian or other Pacific Islander
- White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent
- More than one race. (A person designating more than one of the racial groups above.)

**VETERAN:** Are you a veteran?     Yes       No

**Where did you hear of this position? Please specify;**

City of De Pere Website

Referral

Newspaper

Online search

Other