

## Job Announcement, Recreation Counselor



### Town of West Yellowstone, Montana

<b>Position Title</b>	<b>Recreation Counselor</b>
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The Town of West Yellowstone is seeking applicants for Recreation Counselors. This is a full-time, short-term status position, not to exceed 90 days.

#### General Duties

The general duties of this position are to organize and implement recreation programs and day camp activities for youths aged 5-12 years. Performs directly related work as required.

#### Wage and Benefits

Wage: \$20.35 per hour, wage will adjust on July 1, 2025 to \$21.37 per hour.

#### Additional Information

- For application form or detailed position description, please contact the Town of West Yellowstone Town Office- 440 Yellowstone Avenue, PO Box 1570, West Yellowstone, MT. 59758, call 406-460-7795, or visit <http://www.townofwestyellowstone.com>
- This position is open until filled, and priority will be given to applications received prior to 5:00 pm on May 13, 2025.
- Applications that are incomplete or unsigned as of the closing of the vacancy will not be considered in the selection process
- The Town of West Yellowstone is an EEO/ADA employer. Women, minorities, and persons with disabilities are encouraged to apply.
- The Town of West Yellowstone has enacted a Drug and Alcohol-Free Workplace testing policy. This policy includes pre-employment and for-cause drug and alcohol testing. A copy of this policy is available to the general public for review.

- Applicants are encouraged to read the full position description for other responsibilities and essential functions. This is a limited term position. Positions are contingent upon annual budgetary consideration by the Town Council.

### **Application Procedure**

Please provide the following:

1. A cover letter addressing qualifications for the position.
2. A completed and signed Town of West Yellowstone application ([www.townofwestyellowstone.com](http://www.townofwestyellowstone.com)).
3. A current resume.

Submit to:

Town of West Yellowstone  
440 Yellowstone Avenue  
PO Box 1570  
West Yellowstone MT 59758

# Job Description, Recreation Counselor



## Town of West Yellowstone, Montana

<b>Position Title</b>	<b>Recreation Counselor</b>
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<b>General Statement of Duties</b>
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Organizes and implements recreation programs and day camp activities for youths aged 5-12 years.

<b>Distinguishing Features of the Position</b>
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The principal function is to organize and implement recreational programs and events for youth of varying ages and abilities. The work is performed under the supervision and direction of the Recreation Coordinator, but considerable leeway is granted for the exercise of independent judgment and initiative. The nature of the work performed requires the employee to establish and maintain effective working relationships with other employees, Town officials, community and neighborhood organizations and the general public. The principal duties are performed in various recreational settings, both indoors and outdoors.

<b>Examples of Essential Work (Illustrative Only)</b>
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- Provide one or more specific recreational activities, classes, programs and special events for the general public;
- Plan, organize, coordinate, implement, and evaluate recreational programs within assigned areas, including gathering necessary materials and equipment;
- Promote recreation activities through developing and disseminating information on scheduled events, responding to requests for information from the general public, and ensure a wide range of people are encouraged to participate in events;
- Ensure the safety of all participants within an assigned recreation program, including maintaining the cleanliness and organization of equipment, materials, and facilities, performing minor equipment repair when necessary, and completing accident and incident reports;
- Perform emergency first aid and/or C.P.R. when necessary;
- Keep immediate supervisor and designated others fully and accurately informed concerning work progress, including present and potential work problems and suggestions for new or improved ways of addressing such problems;
- Respond to citizens' questions and comments in a courteous and timely manner;
- Performs other duties consistent with the role and function of this position.

**Required Knowledge, Skills, and Abilities**

- Experience with child development and behavior;
- Some knowledge of, or the ability to quickly learn the current principles and practices involved in recreation programs;
- Ability to develop coaching/activity plans;
- Knowledge of safety procedures;
- Ability to perform basic First Aid and C.P.R. specifically on children;
- Ability to establish and maintain effective working relationships with assigned supervisors, other employees, and the general public;
- Ability to communicate effectively with others, especially children, both orally and in writing;
- Ability to understand and follow oral and/or written policies, procedures and instructions;
- Ingenuity and inventiveness in the performance of assigned tasks;

**Acceptable Experience and Training**

- Experience (at least 3 months) in leading recreational activities or child development;
- OR Any equivalent combination of experience and training which provides the knowledge, skills and abilities necessary to perform the work.

**Required Special Qualifications**

- Must be at least 16 years of age;
- Must possess or be able to obtain First-Aid and C.P.R. Certifications;
- Offers for employment are conditional upon satisfactory response to appropriate post conditional offer process.

**Essential Physical Abilities**

- Clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, which permits the employee to communicate effectively, especially with children of various age groups;
- Vision or other powers of observation, with or without reasonable accommodation, which permits the employee to monitor an assigned recreational activity;
- Manual dexterity with or without reasonable accommodation, which permits the employee to conduct recreational activities;
- Personal mobility and physical reflexes, with or without reasonable accommodation, which permits the employee to perform the work.

**Acknowledgement**

By signing this statement, I, the employee, acknowledge my respective job description has been received and that I have read this document and understand what is expected from me as a Recreation Counselor for the Town of West Yellowstone, MT.

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Position: Recreation Counselor

Effective Date of Employment: \_\_\_\_\_

Attest:

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

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



# EMPLOYMENT APPLICATION

## TOWN OF WEST YELLOWSTONE, MT

P.O. BOX 1570

West Yellowstone, MT 59758

info@townofwestyellowstone.com

### Notice To Applicants

We welcome you as an applicant for employment. It is the policy of the Town of West Yellowstone to consider applicants for all positions without regard to race, ancestry, color, religion, creed, sex, national origin, age, marital status, political beliefs, veteran/military, genetic information, sexual preference, or the presence of a non-job related medical condition or physical/mental disability or any other legally protected status unless related to a bona fide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job posting.

POSITION APPLIED FOR: \_\_\_\_\_

DEPT: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL INFORMATION

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

PRESENT ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

List other names, if any, used on employment or education records: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ No      Yes      If yes, please explain: \_\_\_\_\_

Are you 18 years or older? ☐ No      Yes

Please provide the earliest date that  
you are available for work? \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No      Yes      If yes, describe in full – give dates: \_\_\_\_\_

*[Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements]*

Have you ever worked for or are you currently working for the Town of West Yellowstone?

If yes, please give dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Department: \_\_\_\_\_ Prior position: \_\_\_\_\_

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

Do you have any relatives working for the Town? ☐ Yes ☐ No

If yes, please give their name(s): \_\_\_\_\_

### EDUCATION

#### High School:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No

Diploma or GED: \_\_\_\_\_

#### College:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

List Diploma or Degree: \_\_\_\_\_

#### Other (specify):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

List Diploma or Degree: \_\_\_\_\_

### SPECIAL SKILLS

Special Skills Relating to The Position You Are Applying For: (clerical skills, heavy equipment operating skills, etc.):

### DRIVER LICENSES

Do you have a valid Driver's License? ☐ Yes ☐ No State: \_\_\_\_\_

Number: (optional) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a Commercial Driver's License? \_\_\_\_\_ If yes, specify: Type: \_\_\_\_\_

Class: \_\_\_\_\_ Tank: \_\_\_\_\_

Endorsements: Hazardous Material: \_\_\_\_\_ Passenger: \_\_\_\_\_

Airbrakes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

### OTHER LICENSES or CERTIFICATES (CPA, Water Treatment, Boiler Operator, etc.)

Name of Licensing Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Type of License: _____	Endorsement/Restriction (if applicable): _____
Date Licensed: _____	Date Expires: _____
Name of Licensing Agency: _____	Address: _____
Type of License: _____	Endorsement/Restriction (if applicable): _____
Date Licensed: _____	Date Expires: _____
Name of Licensing Agency: _____	Address: _____
Type of License: _____	Endorsement/Restriction (if applicable): _____
Date Licensed: _____	Date Expires: _____

### EMPLOYMENT HISTORY

**Instructions:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. If the space below is not adequate, you may respond to this section on a separate sheet of paper. **This information must be completed even if a resume is submitted.**

**NOTICE TO APPLICANTS:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

May we contact your current employer? ☐ Yes ☐ No

**CURRENT EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
 \_\_\_\_\_

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



## EMPLOYMENT HISTORY

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

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

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

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

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

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

## REFERENCES

List three (3) references, excluding relatives, who have knowledge of your ability to perform this job:

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

1. As an applicant for a position with the Town of West Yellowstone, I am required to furnish information which this agency may use in determining my qualifications. I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
2. I acknowledge that I may have to submit to a drug and alcohol test prior to employment if required by the Town of West Yellowstone Drug-Free Workplace and Pre-Employment Drug Testing Policy. I further acknowledge that a negative drug test result and remaining drug free are conditions of my employment.
3. For the purpose of in-house security, I consent to a background and security investigation prior to employment.
4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may disqualify me from employment with the Town of West Yellowstone, and may result in dismissal if employed. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions. If employed by the Town of West Yellowstone, I will abide by the Town's Policies, Practices, and Procedures.

**I have read and agree with the above statements. If applying on-line, I authorize electronic submission of this document to serve as the original.**

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

## EMPLOYMENT PREFERENCE ACTS

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

If you are claiming preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. The appropriate documentation must be attached to claim employee preference. Veteran's Employment preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

If you claim Preference, **documentation must be attached**. Please check which attachments you have included:

☐ DD-214 ☐ PHHS Disability Certificate ☐ Other

To claim **Veterans' Employment Preference**, you must be a U.S. Citizen and (check ONE of the boxes below):

- ☐ **A Veteran, if**
1. You have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
  2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years' service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

- ☐ **A Disabled Veteran, if**
1. You have been separated under honorable conditions from military duty, **AND**
  2. You have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

☐ **The un-remarried surviving spouse of a veteran or disabled veteran.**

- ☐ **A Mother of a Veteran, if**
1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, **AND**
  2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the un-remarried widow of the father of the veteran.

To claim **Montana Persons with Disabilities Employment Preference** you must be (check ONE of the boxes below):

- ☐ **A person with a disability** certified by PHHS, **OR**
- ☐ The **spouse** of a totally (100%) disabled person certified by PHHS **AND have** resided continuously in Montana for at least 1 year immediately before applying for employment

SIGNATURE (typed): \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The Town of West Yellowstone is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual

Position Closing Date: \_\_\_\_\_

☐

Male

☐

Female

Are you 18 years or older? ☐ Yes ☐ No

Name: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

### HOW DID YOU FIRST LEARN OF THIS POSITION?

☐

Newspaper ad or journal ad

☐

Telephone Job Line

☐

Job Service

☐

Career / Job Fair

☐

Female, minority or handicapped referral organization

☐

A friend / employee

☐

Posted in Town Hall

☐

Town of West Yellowstone Website

☐

Other (specify) \_\_\_\_\_

**RACE / ETHNICITY** – Please check the **ONE** box that best describes your race/ethnicity:

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
- ☐ **White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**MILITARY STATUS** – Please check the **ONE** box that best describes your military status.

- ☐ No Military Service
- ☐ Inactive Reserve
- ☐ Vietnam Veteran
- ☐ Active Reserve
- ☐ Retired
- ☐ Other Veteran
- ☐ DISABLED VETERAN

**DISABILITY STATUS**

- ☐ DISABLED PERSONS' EMPLOYMENT PREFERENCE