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| CITY OF APPLETON POLICY | TITLE: SEASONAL EMPLOYMENT | |
| ISSUE DATE: | LAST UPDATE: October 17, 2022 | SECTION: Human Resources |
| POLICY SOURCE: Human Resources Department | AUDIENCE: All Employees | TOTAL PAGES: 11 |
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I. PURPOSE

To provide guidelines in the seasonal employment process including recruitment and selection, training, and performance evaluation.

II. POLICY

The City of Appleton will recruit and select the best qualified persons for positions with the City. The Human Resources Department, under the guidance of the Human Resources Director, is responsible for developing and facilitating an active seasonal recruitment and selection program designed to meet the current and anticipated City departments' seasonal employment needs. The procedure will be consistent with the City's Affirmative Action Program and will comply with all Equal Employment Opportunity guidelines.

III. DISCUSSION

The City of Appleton establishes clear and consistent guidelines to assist City supervisors and to ensure equal and unbiased treatment of all applicants and employees. The selection of seasonal employees shall be made by the respective hiring supervisor and in conjunction with the established guidelines.

IV. DEFINITIONS

- A. Seasonal Employment: Certain times of the year necessitate the hiring of temporary, non-benefited positions to assist with increased workloads or to fill recreational program activity positions. These positions shall be consistent with the seasonal pay plan and shall be for a specific time period.
- B. Seasonal Employee: Employees hired to perform seasonal work for a specific time period. Seasonal employees shall not exceed 1200 hours in any 12-month period and are not eligible for benefits. Employment terminates at the end of the season.

V. PROCEDURES

A. Recruitment

When it is determined to be in the best interest of the City of Appleton, seasonal employees may be hired as budgeted. Such employees shall not be eligible to receive City of Appleton fringe benefits unless specifically provided for elsewhere in this policy. The department shall establish job descriptions for each seasonal position within their department and pay rates will be established and approved by Human Resources and the Common Council as referred on the seasonal pay plan.

Hours – No seasonal employee shall exceed 1200 hours of employment in any 12-month period, unless previously authorized by the Human Resources Director. The Human Resources Benefits Coordinator will monitor the number of hours that a seasonal employee has worked and will notify a department if close to the hour limits. Seasonal employees shall not work more than 40 hours per week unless authorized by the Department Head. All hours worked over 40 must be paid at time and one-half.

1. Advertising and Publicity

The Human Resources Department shall post the open positions on the City's website to accept applications for the seasonal position vacancies. A list of the open positions may also be sent to regional high schools, Wisconsin technical colleges and universities, and diversity groups, along with other resources customarily used to distribute regular weekly Open Positions Lists and/or are deemed to be appropriate by the department.

2. Application Forms

All City of Appleton seasonal applications for employment must be completed on-line. Resumes will be accepted only as an attachment to the application; not in lieu of an application. Each returning seasonal employee must update their application annually.

3. Applicant Tracking

Once the applications are submitted via the City's website, the applications will then be forwarded electronically to the hiring supervisor.

4. Candidate Selection

The hiring supervisor will screen the applications based on the job requirements outlined in the job description. After selections are made, candidates will be scheduled for an interview. Interviews can be conducted over the phone or in person. All candidates will be asked the same general questions. Supervisors should refer to their Seasonal Hiring binders for information on conducting interviews. All applicants not chosen from the initial screening will be notified by email.

5. Reference Checks

The hiring supervisor will decide on their final candidate(s). Depending on the position, the hiring supervisor will obtain employment and/or personal references. (Exhibit 1a and 1b).

6. Conditional Offer of Employment

The hiring supervisor will make the job offer contingent upon appropriate background checks using the existing seasonal pay structure.

7. Background Checks

The necessary information to conduct a background check shall be sent to Human Resources. HR Administrative staff will process the background check.

8. Offer Letter

The HR department will prepare a conditional offer letter, contingent on the successful completion of a background check after the supervisor determines a start date and end date (or annual background refresher date) with the candidate. The conditional offer letter will be sent with the appropriate instructions for paperwork that the employee must complete on or before the first day of employment. The required paperwork could include: I-9 form, W-4 form,

ACH Direct Deposit Authorization (all seasonal employees are required to sign-up for direct deposit of their payroll checks), and a Child Labor Permit (if applicable) a policy sign off sheet and policy brochure, and any other required paperwork. (The City reimburses employees for the child labor permit.)

B. Auto Insurance

The City does not provide insurance coverage for an employee's privately-owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

The minimum acceptable coverage is:

Single limit of liability - \$200,000 for bodily injury and property damage

OR

Split limit of liability with limits of \$100,000 each person bodily injury,

\$300,000 each accident bodily injury, \$50,000 property damage

All seasonal employees are required to sign the Driver's License Information Update form (Exhibit 2) if they are required to use their own vehicle for City business and/or if they will be using a City-provided vehicle.

A seasonal employee must be 18 years of age to drive a vehicle for City business.

C. Seasonal Employee Orientation and Training

1. The department supervisor should follow the Seasonal Employee Orientation Checklist to orient the new employee(s). (Exhibit 3)
2. The Staff Training and Development Coordinator for the Human Resources Department will coordinate the necessary policy training with each of the department supervisors.
3. Once a new seasonal employee is hired, he/she should attend one of the scheduled training courses. The employee's supervisor is responsible for notifying employees of the training dates and confirming the employee's attendance with the Human Resources Department. The courses include the training that is required by federal and state law and City policy. At the end of each training course, the employee will be asked to sign a form stating that he/she took the class and understands that he/she must abide by the policies covered in it.
4. If the employee cannot attend the training course, the supervisor will be responsible for sending a required training brochure, along with a sign-off form to the employee. The employee is required to return the signed form to their supervisor prior to beginning his/her job. All hard copies of the sign-off form will be filed with the employee's application for future reference. The Human Resources Department will keep such files on-line for all seasonal employees.

D. Evaluation Forms/Process

At the end of each employment period, the supervisor shall fill out a Seasonal Performance Evaluation Form (Exhibit 4) for each seasonal employee who worked under his/her supervision.

The supervisor shall sit down with the employee to discuss the evaluation, then obtain the employee's signature as acknowledgment of the evaluation. Supervisors who are in charge of a large number of seasonal employees may complete the evaluation and mail or email two copies to the seasonal employee, provided the employee has met the minimum performance requirements of the position. The evaluation should be accompanied by a letter (Exhibit 5) explaining the evaluation and requesting that the employee sign and return one of the copies to the supervisor. All employees who fall below minimum performance requirements must be evaluated in person. In order to be eligible for re-hire, the employee must have a prior year satisfactory evaluation on file. Seasonal staff evaluations are kept electronically. If an employee receives a "not eligible for re-hire" evaluation, the supervisor will meet with the employee to discuss the details. It is the supervisor's responsibility to track this for future years. Supervisors from other programs/departments have access to see these evaluations from former years.

E. Seasonal Pay Schedule

Seasonal employment shall be compensated on a per hour or per event basis at a rate established by the Human Resources Director and approved by the Common Council.

TELEPHONE REFERENCE FORM

EXHIBIT 1a

Name of applicant: _____

Current/previous employer: _____

Employment dates: _____ Full time: _____ Part time: _____

Job title/summary of duties: _____

Quality of work: _____

Dependability/follow through on assignments: _____

Initiative: _____

Ability to work with others: _____

Attendance/punctuality: _____

Any concerns in the area of violence: _____

Any concerns in the area of harassment: _____

Has this person ever had a positive drug test: _____

Reason for leaving: _____

Eligible for rehire: _____

Areas of strength: _____

If you were to coach in one area, what would it be: _____

Recommend for hire for this position: _____

Additional remarks: _____

Name/title of person giving reference: _____

Caller: _____ Date: _____

SEASONAL EMPLOYMENT
TELEPHONE REFERENCE FORM

EXHIBIT 1b

Name of applicant: _____

Name & title/relationship of person giving reference: _____

Caller: _____ Date: _____

Job title or nature of relationship to applicant (i.e. teacher, coach): _____

Quality of work/assignments: _____

Dependability/follow through on tasks or assignments: _____

Ability to work with others: _____

Attendance/punctuality: _____

Additional remarks or anything you would like to share about this individual? _____

Use the following only if the contact is from a previous employer

Reason for leaving: _____

Eligible for rehire/would you hire them again? _____

Any concerns in the area of violence or harassment: _____

Has this person ever had a positive drug test at work: _____

DRIVER'S LICENSE INFORMATION UPDATE _____

Please print CLEARLY

First Name: _____ Middle Initial: _____

Last Name: _____

Do you have a valid Driver's License? Yes No

Date your Driver's License expires (mm/dd/year): ____/____/____

List any restrictions on your Driver's License (i.e. glasses, occupational, etc.):

It is your responsibility to notify Human Resources or your Supervisor immediately when your driver's license is restricted, suspended or revoked. Failure to do so may result in disciplinary action up to and including discharge.

Signature Department Date

AUTO INSURANCE

The City does not provide insurance coverage for an employee's privately owned vehicle. Employees who use non-City-owned vehicles for City business should confirm that their personal auto insurance policy provides coverage for this use.

All employees who drive non-City-owned vehicles for City business shall be required to purchase (at their own expense) and maintain auto insurance at a level that meets one of the following minimum standards:

(a) Single limit of liability - \$200,000 for bodily injury and property damage

OR

(b) Split limit of liability with limits of; \$100,000 each person bodily injury \$300,000 each accident bodily injury \$50,000 property damage.

Proof of insurance must be provided prior to mileage reimbursement payment. Employees who cannot provide proof of this level of insurance will not be entitled to receive mileage reimbursement, and will not be allowed to drive for City business. Failure by the employee to maintain required insurance limits may affect employment status, as stated in the Conditions of Employment policy.

Health Department employees who are reimbursed monthly for mileage must provide regular insurance policy updates to the HR Department.

I anticipate I may drive a non-City owned vehicle in the conduct of my job duties and I understand that, should I use a non-City-owned vehicle in the conduct of my job duties, I must have and maintain adequate insurance coverage (as noted above) for that vehicle.

I do not anticipate that I may drive a non-City owned vehicle in the conduct of my job duties. However, I understand that should I need to use a non-City-owned vehicle in the conduct of my job duties, I will verify that I have adequate insurance coverage (as noted above) for that vehicle, prior to using the vehicle for my job.

Signature Department Date

SEASONAL EMPLOYEE ORIENTATION CHECKLIST

EMPLOYEE: _____ DATE: _____

DEPARTMENT: _____ SUPERVISOR: _____

TO BE COMPLETED PRIOR TO FIRST DAY OF EMPLOYMENT

Complete new hire paperwork with HR and turn-in work permit (if applicable)

TO BE COMPLETED THE FIRST WEEK OF EMPLOYMENT

| | |
|---|---|
| <input type="checkbox"/> Review parking | <input type="checkbox"/> Review Departmental communications (i.e. Bulletin board, staff meetings, etc.) |
| <input type="checkbox"/> Schedule seasonal training with HR or have employee read and sign the Seasonal Training Brochure | <input type="checkbox"/> Review Departmental Activities (i.e. Casual Fridays) |
| <input type="checkbox"/> Fire Drill/Evacuation Procedure | <input type="checkbox"/> Show video of department, if applicable |
| <input type="checkbox"/> Issue PPE (Personal Protective Equipment) | <input type="checkbox"/> Discuss performance evaluation format, if any |
| <input type="checkbox"/> Issue keys, if applicable | <input type="checkbox"/> Fill out applicable employment forms (if required by specific department) |
| <input type="checkbox"/> Employee Introductions | <input type="checkbox"/> Train employee on applicable equipment |
| <input type="checkbox"/> Office/Facility Tour | <input type="checkbox"/> Train employee on phone system |
| <input type="checkbox"/> Review of work rules, departmental policies, etc. | <input type="checkbox"/> Review Department policy on public relations |
| <input type="checkbox"/> Review of reporting requirements | <input type="checkbox"/> Review Chain of Command |
| <input type="checkbox"/> Review of work hours, time cards (if applicable), and location | <input type="checkbox"/> Review of Department Mission and Beliefs |
| <input type="checkbox"/> Review job description | <input type="checkbox"/> Review all departmental safety/compliance issues |
| <input type="checkbox"/> Give job assignment | |

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SEASONAL PERFORMANCE EVALUATION FORM

Department: Parks & Recreation Employee: _____ Job Title: _____ Date: _____

Please complete the following evaluation near the end of the employment period and review it with the employee prior to the end of his/her employment. Place an 'X' in the box which best indicates employee performance.

| Area of Evaluation (X-out those that do not pertain) | Excep- tional | Exceeds Require- ments | Meets Require- ments | Needs Improvement | Unsatis- factory | Comments |
|---|------------------|------------------------------|----------------------------|----------------------|---------------------|----------|
| Job Knowledge - Consider how well employee understood duties and re-tained and applied knowledge | | | | | | |
| Quality of Work - Consider neatness, accuracy and effectiveness | | | | | | |
| Quantity of Work - Consider amount and speed of work output, timeliness | | | | | | |
| Cooperation - Consider employee's ability to work effectively with others | | | | | | |
| Dependability - Consider employee's ability to complete job assignments | | | | | | |
| Attendance - Consider employee's punctuality and attendance | | | | | | |
| Initiative - Consider employee's willingness to help others and seek out work and perform tasks assigned | | | | | | |
| Attitude - Was the employee's attitude positive, professional and supportive of the City | | | | | | |

DETERMINATION OF OVERALL EVALUATION (Please choose one)

Demonstrates consistent exceptional performance. Far exceeds requirements of position.
 Consistently exceeds requirements of position.
 Consistently meets requirements of position.
 Meets minimum requirements of position. Indicates need for improvement.
 Consistently falls below minimum requirements of position.

Do not rehire in this position Not eligible for rehire within department

Is employee eligible for rehire? Yes No

Number of years in this position: _____

Employee Signature _____ Date _____
 Evaluator Signature _____ Date _____

EMPLOYEE: PLEASE USE REVERSE SIDE FOR COMMENTS.

DETERMINATION OF OVERALL EVALUATION (Please choose one)

Demonstrates consistent exceptional performance. Far exceeds requirements of position.
 Consistently exceeds requirements of position.
 Consistently meets requirements of position.
 Meets minimum requirements of position. Indicates need for improvement.
 Consistently falls below minimum requirements of position.

Do not rehire in this position Not eligible for rehire within department

Is employee eligible for rehire? Yes No

Number of years in this position: _____

Employee Signature _____ Date _____
 Evaluator Signature _____ Date _____

EMPLOYEE: PLEASE USE REVERSE SIDE FOR COMMENTS.

**Appleton Parks Recreation
and Facilities Management**
1819 Witzke Boulevard
Appleton, WI 54911
Phone: (920) 832-5905
Fax: (920) 832-5950

“Date”

“First Name” “Last Name”

“Address”

“City”, “State” “Zip Code”

Dear “First Name”,

I would like to thank you for your hard work and effort put forth this past summer for the Appleton Parks Recreation and Facilities Management Department. Your time and dedication is greatly appreciated and made this year a rewarding and memorable one.

Enclosed you will find your employee evaluation for this year’s program. Please read, sign, and return a copy for our files. Keep a copy for your personal records. If you have any questions regarding your evaluation, please feel free to call me at (920) 832-3926.

Sincerely,

Recreation Program Supervisor
Appleton Parks Recreation and
Facilities Management Department

Enclosure

