

# Application for Employment

## University of Rhode Island Tootell Aquatic Center



Stephanie McCullick  
 3 Keaney Road, Suite I  
 Kingston, RI 02881  
 401/874-4653  
 smccullick@mail.uri.edu

PLEASE PRINT & FILL OUT

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for:  Office Assistant       Instructor of:  Fitness    Swimming    Safety    Other \_\_\_\_\_  
 Maintenance Worker       Lifeguard       Birthday Party Facilitator

Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

Student Anticipated Semester of Graduation: \_\_\_\_\_ Non-Student: \_\_\_\_\_

Campus Address: \_\_\_\_\_  
STREET                                      TOWN/CITY                                      STATE                                      ZIP CODE

Cell Phone #: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_

**College Work Study Award** through URI's Financial Aid Office

No \_\_\_\_\_ Yes \_\_\_\_\_ - If yes, amount allotted per semester. \$ \_\_\_\_\_

**Certification Requirements:**

**Please enclose a copy of your current certifications so that they can be put on file.**

<u>Certificate</u>	<u>Date Expires</u>	<u>Certificate</u>	<u>Date Expires</u>
Standard First Aid		Water Safety Instructor	
CPR for the Prof. Rescuer		Water Fitness Instructor USWFA	
Lifeguard Training		Water Fitness Instructor AFAP	
CPR - Adult		Scuba Leader _____	
CPR – Pediatric (Child & Infant)		Certified Pool Operator	
Automatic External Defibrillation			
Oxygen Administration			

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**Employment Availability**

*Please place an X in the time slots you are **not** available to work, highlight the times you prefer to work, and leave the rest blank.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 am							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							



University of Rhode Island  
**Department of Recreational Services**  
*Application for Employment (continued)*

**To help us know you better, please answer the following questions in a few sentences.**

1. Why do you want to work for the Department of Recreational Services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you learned in your previous employment that could help you here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What qualities will you bring to the team environment in the Department of Recreational Services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please explain your past aquatic experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list one (2) references from previous employment:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Agency or Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Agency or Affiliation: \_\_\_\_\_

**Official URI Use Only:**

**Pre-Screening 1-5 rating (1 = LOW & 5 = HIGH)**

\_\_\_\_\_ 300 yd Swim \_\_\_\_\_ Recovery from Depth \_\_\_\_\_ Removal from Deep Water  
\_\_\_\_\_ Adult CPR \_\_\_\_\_ Child CPR \_\_\_\_\_ Total

NOT HIRED

**Hiring Information**

Date Hired: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ Entered People Soft: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Information: Master list: \_\_\_\_\_ Phone List: \_\_\_\_\_ Email List: \_\_\_\_\_