

Application for Employment

University of Rhode Island Tootell Aquatic Center



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 | | | |
| | | | |
| | | | |

Applications for Office Assistant, Lifeguard, or Maintenance Worker must be submitted to:

Coordinator of Aquatics: Stephanie McCullick
3 Keaney Road, Suite 1
Kingston, RI 02881
401-874-4653
Fax 401-874-4829
smccullick@mail.uri.edu
Office #120 Tootell Aquatic Center

Applications for Instructors for Swimming, Fitness, or Safety and Birthday Party Facilitator must be submitted to:

Aquatic Specialist: Sheila O'Connor
3 Keaney Road, Suite 1
Kingston, RI 02881
401-874-7035
Fax 401-874-4829
smoconnor@mail.uri.edu
Office #121 Tootell Aquatic Center



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: _____
 Phone #: (____) _____

Job Title: _____
 Agency or Affiliation: _____

Name: _____
 Phone #: (____) _____

Job Title: _____
 Agency or Affiliation: _____

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 | | | | | | | |