

Application for Employment

University of Rhode Island Tootell Aquatic Center



Attn. Coor. Aquatics
3 Keaney Road, Suite I
Kingston, RI 02881
401/874-4653
Tboy@uri.edu

PLEASE PRINT & FILL OUT

Date of application: ____/____/____

Applying for: Office Assistant Instructor of: Fitness Swimming Safety Other _____
 Maintenance Worker Lifeguard

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. \$ _____

(Please Note: Applicants with Work Study will have first priority.)

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			

Please list one (2) references from previous employment:

Name: _____ Job Title: _____

Phone #: (_____) _____ Agency or Affiliation: _____

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Phone #: (_____) _____ Agency or Affiliation: _____

Official URI Use Only:

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

_____ 25 yd Swim _____ Recovery from Depth _____ Removal from Deep Water _____ ITL's of evaluators
 _____ Adult CPR _____ Child CPR _____ Total

Employee Exam Score _____

Hiring Information

Date Hired: ____/____/____ By: _____ Entered People Soft: ____/____/____ By: _____

Information: Master list: _____ Phone List: _____ E-Mail List: _____

Assigned to Captain: _____ With Mentor: _____



Work Availability Form

Name: _____

Date: _____

Please fill out form completely and attach a copy of your class schedule from E-Campus when submitting your application!

1. I would prefer to work the following (please mark off shifts interested in).
- ___ Saturday 9:00 a.m. - 12 Noon (Swim Lessons)
 - ___ Sunday 10:00 a.m. - 12 Noon (Maintenance)
 - ___ Sunday 5:00 p.m. - 8:00 p.m. (Ram Swim Practice)
 - ___ Weekend Rotation (Friday nights, Saturday afternoons, Sunday afternoons)

2. Cross out the boxes with an X to indicate when you ARE NOT available to work at the Tootell Aquatics Center for the current semester (i.e. classes, internships, meetings, etc.)

Time Slot	Monday	Wednesday	Friday	Time Slot	Tuesday	Thursday
6:45 a.m.-8:45 a.m.				6:45 a.m.-9:15 a.m.		
8:30 a.m.-10:45 a.m.				9:00 a.m.-10:45 a.m.		
10:30 a.m.-12:45 p.m.				10:30 a.m.-12:15 p.m.		
12:30 p.m.-2:45 p.m.				12:00 N-1:45 p.m.		
2:30 p.m.-4:45 p.m.				1:30 p.m.-3:15 p.m.		
4:30 p.m.-7:00 p.m.				3:00 p.m.-5:15 p.m.		
6:45 p.m.-9:45 p.m.				5:00 p.m.-7:00 p.m.		
The pool closes at 9pm on Friday nights, making the 4:30 shift until 6:00 and the last shift 5:45-9:15				6:45 p.m.-9:45 p.m.		

3. From the time slots not marked off above, please select 4 or 5 shifts which would be your **top schedule choices** (by order).

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

4. How many hours are you looking to work per week? _____

5. Did you receive CWS (College Work Study) for the 2008 - 09 academic year? Yes ____ No ____

6. If yes, have you accepted CWS on E-Campus? Yes ____ No ____