



Carl Strong
Recreation Supervisor II

Jack Busch
Program Supervisor

Kaila Barrett
Program Coordinator

Dear Applicant,

We are pleased you have chosen to apply to the City of Spokane Parks & Recreation Department Aquatics Division for the 2012 Summer Swim Season. The Aquatics Division is looking to hire qualified applications to fill more than 160 positions at the City's six recently renovated aquatic centers. Each aquatic center will require a staff of at least 20 including lifeguards, aquatic aides, instructors, maintenance, custodial and managers.

Please fill out all information completely, including copies of all certifications necessary for your position, and email (preferred), fax, or mail to the contact information below. Once we have received your application, we will send you an email with a link to a pre-hire questionnaire that must be completed before the interview process can be started. You must have a current email address to complete the application process. The pre-hire questionnaire and application screening will be the basis for selection of applicant interviews. Please also keep in mind that we only hire applicants with current certifications through August 2012 and copies must be submitted at the time of application. A calendar has also been provided with your application for you to fill out schedule requests for May and June. Please mark any times that you may need off due to school schedules, sports practices, family vacation, or graduation plans (be specific). Efforts will be made to accommodate schedule requests, however, days off are not guaranteed.

Positions are open until filled. Please take a moment to familiarize yourself with the position descriptions for the 2012 summer season. Applications should be received no later than April 2nd to be considered for the first round of hiring.

City of Spokane, Washington
Parks & Recreation Department
ATTN: Aquatics Supervisor
2304 E. Mallon
Spokane, Washington 99202
Tel 509.363.5417
Fax 509.363.5454
aquatics@spokanecity.org

Feel free to contact the aquatics office with any questions, comment, concerns.

Thanks,

Kaila Barrett
Program Coordinator



APPLICANT CHECKLIST

Classification: Cashier I

The checklist below has been provided as a resource for prospective applicants to utilize in submission of their applications. Only applications that include all components listed below will be considered for review. Should you have any questions regarding the process, please contact the Aquatics Office at 509.363.5417.

Completed Application (In order below)

- City of Spokane Temp/Seasonal Application
- Aquatics Supplemental Application
- Cover Letter/Resume (Optional)
- Copy of all current certifications (Front & Back, signed by instructor)
 - WA State DOH (SRHD) Food Handler's Permit
- Schedule Request
 - May
 - June

Notes:

SPOKANE PARKS & RECREATION

Job Description – CASHIER I



Division/Department:	Parks Aquatics	Compensation:	\$9.05-9.65/hr
Location:	Various Aquatic Facilities		
Job Title:	Cashier I		
Reports to:	Carl Strong - Recreation Supervisor II		

Level/Grade	Type of position:	Hours 0-40 / week
	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Temp/Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Intern	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt

GENERAL DESCRIPTION

Cashier I accepts, verifies and receipts funds by counting and recording cash, checks, and credit cards; issue change and receipts for individual and group guests plus process refunds through a computer generated system. Balances cash drawer by comparing register totals with currency, checks and credit card transactions, coupons and voids/refunds. Assists in maintaining operations by following Standard Operating Procedures including keeping equipment and facility operational, clean, and organized. Assist guests by providing information. In addition, Cashier I will assist Lifeguard staff and patrons in using the slide apparatus at various facilities. *Reports to Facility Managers: Aquatic Supervisor Staff.*

WORK RELATED REQUIREMENTS

- Stamina to stand for long periods time
- Have excellent communication skills [ability to answer phones, and speak with public]
- Manual dexterity to write, handle money, use a computer and cash register on a daily basis.
- Ability to lift 10 pounds

QUALIFICATIONS

- Must be 16 years of age at time of appointment
- Possess a valid government issued ID and Social Security Card
- Required to submit to background check
- Must be willing to work weekends/nights/holidays
- Must possess WA State DOH Food Handler Permit

APPLICATION DEADLINE: Open Until Filled

SELECTION PROCESS: 50% Applicant Screening; 50% Oral Interview

REVIEWED BY	<i>Title</i>
APPROVED BY	<i>Title</i>
DATE POSTED	
DATE HIRED	

The City of Spokane Is an Equal Opportunity Employer

Beginning with your present position, or more recent employment and working back to school graduation if necessary, list the last three positions you held:

May inquiries be made of your present employer?

YES

NO

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1. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

2. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

3. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

4. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

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Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

NOTE: A pre-employment physical and/or drug test may be required depending on the position applying for.

OATH OF APPLICATION

I hereby certify that I have read all of the above questions and statements and fully understand their intent and meaning. I further certify that all responses are true and correct to the best of my knowledge and belief.

I understand and agree that all statements in this application are subject to investigation and verification. I am aware that any false or dishonest answer to any question on this application shall be grounds for dismissal if already appointed.

Signature: _____ Date: _____

AQUATICS SCHEDULE REQUEST – JUNE 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3 ALL DAY – MGR TRAINING	4 4-8 ALL STAFF ORIENTATION	5 4-8 LG SKILLS GROUP 1	6 4-8 LG SKILLS GROUP 1	7 4-8 LG SKILLS GROUP 1	8	9
10	11	12 4-8 LG SKILLS GROUP 2	13 4-8 LG SKILLS GROUP 2	14 4-8 LG SKILLS GROUP 2	15 5-8 ALL STAFF FUN NIGHT	16 9-12 WSI TRAINING 1-5 EAP TRAINING
17	18 ALL POOLS OPEN	19	20	21	22 8-9 AQUATIC AIDE MEETING	23
24	25	26	27	28	29	

Please mark any time you may need off.

Attendance is required at all applicable trainings noted on the calendar above. Changes made after submission of this schedule request must be submitted using the "Time-off request" form available from your manager. Every effort will be made to accommodate schedule requests, however, time off is not guaranteed.

Name: _____

Date: _____

Position: _____

Signature: _____

**by signing this form, I attest that I have accurately recorded any time off that I may need to the best of my knowledge. I understand that any additional changes must be made through my manager.*



AQUATICS SCHEDULE REQUEST – MAY 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5 10-3 Manager Meeting
6	7	8 2-6 PAYROLL SIGN UP	9 2-6 PAYROLL SIGN UP	10 2-6 PAYROLL SIGN UP	11	12 9-5 Manager Meeting
13	14	15 430-730 Aquatic Aide Training Group 1	16 430-730 Aquatic Aide Training Group 1	17 430-730 Aquatic Aide Training Group 1	18	19 9-5 Manager Meeting
20	21	22 430-730 Aquatic Aide Training Group 2	23 430-730 Aquatic Aide Training Group 2	24 430-730 Aquatic Aide Training Group 2	25	26
27	28	29 430-730 Aquatic Aide Training Group 3	30 430-730 Aquatic Aide Training Group 3	31 430-730 Aquatic Aide Training Group 3	Notes:	

Please mark any time you may need off.

Attendance is required at all applicable trainings noted on the calendar above. Changes made after submission of this schedule request must be submitted using the "Time-off request" form available from your manager. Every effort will be made to accommodate schedule requests, however, time off is not guaranteed.

Name: _____

Date: _____

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Signature: _____



**by signing this form, I attest that I have accurately recorded any time off that I may need to the best of my knowledge. I understand that any additional changes must be made through my manager.*