



**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 2<sup>nd</sup> 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

# SPOKANE PARKS & RECREATION

## Job Descriptions



### **Lifeguard**

Responsible for ensuring the safety of facility patrons by preventing and responding to emergencies. Lifeguards must recognize and respond quickly and effectively to emergency situations. Enforce all facility rules and regulations. Inspect facility on a regular basis and report any unsafe conditions or equipment to facility management. Complete records and reports. Participate in regular in-service trainings. Maintain appropriate fitness level. Complete additional duties as assigned by supervisor. *Reports to Facility Managers; Aquatic Supervisory Staff.*

### **Work Related Requirements**

- Stamina to stand for long periods time
- Have excellent communication skills [ability to answer phones, and speak with public] and decision-making skills
- Thorough knowledge and application of lifeguarding surveillance and rescue techniques.
- An understanding of facility characteristics, rules, policies and procedures

### **Qualifications**

#### ***-Lifeguard I***

- Must be at least 15 years of age at time of appointment
- Possess a valid government issued ID and Social Security Card
- Required to submit to background check and drug test
- MUST possess current (through summer) certifications in ARC Lifeguarding & First Aid; ARC CPR for the Pro Rescuer; ARC Blood Bourne Pathogens. *ARC Waterpark certification is preferred*

#### ***-Lifeguard II***

- Possess all qualifications of Lifeguard I
- Must be at least 17 years of age at time of appointment
- One year employment with the City of Spokane as a Lifeguard I, or equivalent
- Two years experience as a lifeguard, equal to six months seasonal

#### ***-Lifeguard III***

- Possess all qualifications of Lifeguard II
- Must be at least 18 years of age at time of appointment
- One year employment with the City of Spokane as a Lifeguard II, or equivalent
- Three years experience as a lifeguard, equal to nine months seasonal



**APPLICANT CHECKLIST**  
Classification: Lifeguard I-III

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)
  - American Red Cross Lifeguard Training
  - American Red Cross First Aid
  - American Red Cross CPR for the Lifeguards (or AHA Healthcare Provider)
  - American Red Cross Blood Bourne Pathogens
  - Any other applicable certifications
- Schedule Request
  - May
  - June

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Notes:



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**

**2012 Supplemental Application**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Position(s) Applied for:  Lifeguard  WSI  Manager  Swim Coach  WX Instructor  Aquatic Aide (Cashier)  Night Crew

Phone Number ( ) \_\_\_\_\_ Email address (REQUIRED) \_\_\_\_\_

What is your summertime mailing address: \_\_\_\_\_

Do you have an alternate phone number? \_\_\_\_\_

If applicable, do you meet the minimum requirements for this position? \_\_\_\_\_

T-Shirt Size:  Yth Small  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

**SPECIALIZED WORK EXPERIENCE**

Check skills and experience you have that may qualify you for this position:

**Please provide copies of all applicable certifications**

CERTIFICATION	AGENCY	EXPIRATION DATE
<input type="checkbox"/> Lifeguard Training		
<input type="checkbox"/> CPR /AED for Lifeguards		
<input type="checkbox"/> Blood Bourne Pathogens		
<input type="checkbox"/> Lifeguard Instructor		
<input type="checkbox"/> WSI		
<input type="checkbox"/> Food Handlers Permit		
<input type="checkbox"/>		
<input type="checkbox"/>		

What hours are you available to work: (Check applicable)  Mornings  Afternoons  Evenings  Late Night

What days are you available to work: (Check applicable)  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Do you have a pool preference for placement : #1: \_\_\_\_\_ Reason: \_\_\_\_\_

#2: \_\_\_\_\_ Reason: \_\_\_\_\_

Are you available to work pre-season (May 15-June 18) at Witter Aquatics Center?  YES  NO  
If so, what is your pre-season availability?

Applicant Additional Comments:

Email completed application to [aquatics@spokanecity.org](mailto:aquatics@spokanecity.org)  
Please put "**Application**" in the subject line

**ALL APPLICATIONS (Except Night Crew) MUST INCLUDE A COPY OF CERTIFICATIONS**

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 <b>ALL POOLS OPEN</b>	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: \_\_\_\_\_

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.*