

Lifeguard

City of Tempe / Aquatics Department

- Opening Date:** March 11, 2024
- Closing Date:** Open until the needs of the City are met.
- Hourly Wage:** \$17.00 per hour
- Work Schedule:** Flexible; weekdays, mornings, evenings, and/or weekends

This is a Temporary Non-Benefitted position.

Experience & Training:

- Must be at least 15 years of age.
- Ability to swim 200 yards, tread water without hands for 2 minutes, and retrieve a brick from the pool bottom
- A Current lifeguard certification from a nationally recognized organization is preferred but not required. Eligible applicants may be afforded the opportunity to receive certification and/or licensing through the City of Tempe before hire.
- Qualifying organizations include Ellis & Associates Lifeguard/First Aid/CPR/AED. A certification cross over class will be required if in possession of a current StarGuard Lifeguard/First Aid/CPR/AED or American Red Cross Lifeguard/First Aid/CPR/AED.

Essential Job Functions:

- Communicate orally with the ability to hear and hold a conversation with others in person and by telephone.
- React quickly and calmly in emergencies.
- Perform resuscitation techniques that requires physical stamina and other first aid measures.
- Have 20/25 vision with correction as necessary to observe swimmers as well as read and write reports, instructions, correspondence, etc.
- Stand and sit for extended periods of time.
- Perform maintenance tasks which include moving and lifting objects up to 50lbs.
- Remain outside in 100+ degree temperatures for up to 1 hour.
- Perform CPR/ First Aid and in water rescues.
- Prevent accidents and minimize or eliminate hazardous situations.
- Enforce pool rules, policies, and regulations.
- Caution guests about unsafe practices and provide education relating to the aquatics program.
- Maintains order in the pool and adjoining areas.
- Conducts daily maintenance.
- Works cooperatively with staff to provide seamless operations and quality customer service.
- Accountable for maintaining pool equipment and facilities.
- Attends weekly staff training and in-services.
- Completes and maintains reports or forms used in the aquatic programs.
- Always maintains a high level of professionalism.
- Perform swimming strokes including the front crawl, breaststroke, sidestroke and treading water.

Applicant Requirement:

Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

How to Apply: Fill out an application and return it to Kiwanis Recreation Center at 6111 S All America Way, Tempe, AZ, 85283 or scan and e-mail to kay_horner@tempe.gov

Interested applicants should send a cover letter, resume, and application to **Kay Horner** by email at kay_horner@tempe.gov. Please type “**Lifeguard**” in the email subject line.

Questions regarding this position should also be sent by email to **Kay Horner**.

Or

SUBMIT APPLICATION TO:

**City of Tempe
Aquatics Department
6111 S All America Way
Tempe, Arizona 85283**

For questions, please contact:

**Kay Horner / Sr. Recreation Coordinator
(480) 350-5770 and/or kay_horner@tempe.gov**

Equal Employment Opportunity: *The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The City does not discriminate on the basis of race, color, gender identity, sexual orientation, religion, national origin, familial status, age, disability, and United States military veteran status. Pursuant to the Americans with Disabilities Act, the City will make a reasonable accommodation(s) during the recruitment & selection process. Persons with a disability may request a reasonable accommodation by contacting Human Resources at 480-350-8276. Requests should be made as early as possible to allow time to arrange the accommodation.*



Temporary Employment Application

Last Name:		First Name:		MI:
Street Address:			City, State, Zip	
Phone Number:		E-Mail Address:		

Position(s) applying for _____

Do you possess a valid Driver's License (may be required for certain positions)? Yes No

Your age group is? 15-17 years 18-20 years 21 years+

Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No

Have you ever worked for the City of Tempe? Yes No

If yes, from _____ (mm/yy) to _____ (mm/yy)

Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If yes, please indicate his/her name, position, and relationship to you:

To assist us with verifying previous work experience and /or education, please list other names you have gone by:

Are you a veteran? Yes No

NOTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at the time you are invited to a testing process.

Dates available: From _____ To _____

Please specify times you are available to work on the chart below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you obtained a high school diploma or a high school equivalent certification? Yes No

If no, please indicate your highest grade level completed _____

Education from an accredited College/University:

College:	Major:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification or Registration (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I etc.)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

Special training *that relates to this position*:

List computer software program(s) with which you are proficient in operating *that relate to this position*:

Language Proficiency (other than English):

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours Per Week:

Wage: \$ per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours per Week:

Wage: \$ per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:

Address:

Phone:

Job Title:

Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates (mm/yy):

Hours Per Week:

Wage: \$ per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:		
Address:	Phone:	
Job Title:	Employees Supervised:	
Supervisor (Name/Title/Phone):		
Employment Dates (mm/yy):		
Hours Per Week:	Wage: \$	per
Work Performed:		
Reason for Leaving:		

Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No *If Yes, please explain:*

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.		
<p>I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.</p>		
Print Applicant's Name	Applicant Signature	Date

<u>FOR ADMINISTRATIVE USE ONLY</u>	
Job Code: _____	Cost Center: _____
Title: _____	Hourly Wage: _____
Supervisor: _____	Weekly Hours: _____