

Swim Instructor

City of Tempe / Aquatics Department

- Opening Date:** March 11, 2024
- Closing Date:** Open until the needs of the City are met.
- Hourly Wage:** \$17.50 per hour
- Work Schedule:** Flexible; weekdays, mornings, evenings, and/or weekends

This is a Temporary Non-Benefitted position.

Experience & Training:

- Must be at least 16 years of age.
- Must be comfortable in and around the water.
- Must be knowledgeable of the principles and methods used in teaching swimming.
- Must be proficient in swimming strokes including front crawl, back crawl, breaststroke, elementary backstroke, sidestroke, and treading water.
- Must be knowledgeable in the creation and implementation of swimming program lesson plans.
- Current Starfish Swim Instructor. A certification cross over class will be required if in possession of a current nationally recognized swim instructor certification.
- over to the Starfish Swim Instructor Program.

Essential Job Functions:

- Must be comfortable in and around the water.
- Must be knowledgeable of the principles and methods used in teaching swimming.
- Must be proficient in swimming strokes including front crawl, back crawl, breaststroke, elementary backstroke, sidestroke, and treading water.
- Must be knowledgeable in the creation and implementation of swimming program lesson plans.
- Must be able to effectively demonstrate and explain swimming skills to class participants.
- Be able to adapt your teaching approaches to the age, experience, and ability of participants so they can meet course objectives.
- Provide for the health and safety of participants so they can meet course objectives.
- Provide for the health and safety of participants including ensuring that all teaching and practice area are free of hazards, and the materials and equipment are safe.
- Cover all material required in a level.
- Communicate regularly with participants and their parents, as appropriate, to ensure they are aware of progress.
- Recognize and respond effectively in emergencies in accordance with facility emergency action plans.
- Enforce facility policies, rules, and regulations.
- Complete records and reports.
- Participate in regular in-service training sessions.
- Complete additional duties as assigned by supervisor.
- Maintain accurate record keeping of swim lessons conducted; including attendance, progress reports for participants, and water safety instructor activity reports required by the accrediting agency.

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 “**Swim Instructor**” 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: _____