CITY OF TEMPETemporary Employment Opportunity



Community Services / 6111 S All America Way, Tempe, AZ, 85283 · https://www.tempe.gov/government/human-resources/careers

Water Fitness Instructor

City of Tempe / Aquatics Department

Opening Date: March 11, 2024

Closing Date: Open until the needs of the City are met.

Hourly Wage: \$16.60 per hour

Work Schedule: Flexible; weekdays, mornings, evenings, and/or weekends

This is a Temporary Non-Benefitted position.

Experience & Training:

Must be at least 18 years of age.

- Have a background in fitness or fitness related field or teaching water fitness.
- If no fitness background, must take a water fitness class that covers warm-up, choreography, cool down, and safe practices for all participants. Example: Aqua Progressions I, AEA certifications, or other approved certifying agency.

Essential Job Functions:

- Teaches scheduled classes, beginning and ending on time with adequate warm-up, exercise, stretching and cool down following class structure.
- Instructs patrons on effective workout methods, explains proper techniques, demonstrates exercises, identifies different muscle groups, and teaches appropriate methods to strengthen specific muscles.
- Prepares appropriate equipment and music for each class.
- Ensures that safety standards are met, and the department and facility policies are adhered to.
- Maintains a high level of professionalism
- Perform related duties as assigned.

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 "**Water Fitness 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

empe employee? Yes No If yes, please indicate his/her name, position, and relationship to you: o assist us with verifying previous work experience and /or education, please list other names you have gone b are you a veteran? Yes No OTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Memor 4) at the time you are invited to a testing process. Please specify times you are available to work on the chart below.	Phone Number: E-Mail Address:	Last Name:			First Nam	ie:		MI:
position(s) applying for	position(s) applying for	Street Address:					City, State, Zip	
by you possess a valid Driver's License (may be required for certain positions)?	by you possess a valid Driver's License (may be required for certain positions)?	Phone Number:		E-Mail	l Address:			
our age group is?	our age group is?	osition(s) apply	ying for					
re you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?	re you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?	you possess	a valid Driver's Lic	c ense (may be req	quired for certain po	ositions) ?	s 🗌 No	
re you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?	re you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?	our age group	is? 15-17 ye	ars	ars 🗌 21 years+	_	_	
ave you ever worked for the City of Tempe?	ave you ever worked for the City of Tempe?		·	·	•		? □ Yes □ I	No
If yes, from	If yes, from	•						
re you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any Citempe employee? Yes No If yes, please indicate his/her name, position, and relationship to you: o assist us with verifying previous work experience and /or education, please list other names you have gone because you a veteran? Yes No OTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Members) at the time you are invited to a testing process. alters available: From To To To Testing process.	re you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City rempe employee? Yes No If yes, please indicate his/her name, position, and relationship to you: o assist us with verifying previous work experience and /or education, please list other names you have gone because you a veteran? Yes No OTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Mem 4) at the time you are invited to a testing process. alters available: From To To	-		–				
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		ates available:	From	To				
	Sunday Ivionday Tuesday Wednesday Thursday Friday Saturday						Fuida	Caturday

	shool diploma or a high school our highest grade level comple		ion? Yes No	
Education from an accredited				
College:	Major:	Type of Degree:	Degree Completed:	:
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
Trade and/or Technical Schoo	ols:			
Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	:
			☐ Yes ☐ No	
			☐ Yes ☐ No	
Certification or Registration (CPR, First Aid, Adv. Lifesaving	g, Lifeguard Training,	W.S.I etc.)	
Type of Professional Registra	ition, License, and/or Certificat	License Number (if applicable)	Date Received:	Expiration Date (if applicable):
Special training that relates to	o this position:			
List computer software progra	am(s) with which you are profi	icient in operating the	at relate to this posit	ion:
Language Proficiency (other th	nan English):			
Language:	Speak:	Read:		Write:
	☐ Yes ☐ No	☐ Yes ☐ N	lo 🗆 Y	es 🗆 No
	☐ Yes ☐ No	☐ Yes ☐ N	lo D	es No
	☐ Yes ☐ No	☐ Yes ☐ N	lo	es 🗆 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:	
	Dhana
Address:	Phone:
Job Title: Supervisor (Name/Title/Phone):	Employees Supervised:
Employment Dates (mm/yy):	
Hours Per Week:	Wage: \$ per
Work Performed:	Wage: \$ per
Work Ferformed.	
Reason for Leaving:	

Place of Employment or Volunteer	Experience:	
Address:	Phone:	
Job Title:	 Employee:	s 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 f	forced to resign from a position for miscon	duct or unsatisfactory service?
I certify that all statements made of and complete. I understand that application, removal of my name fany individual, company, organization.	on the application form and, if applicable, are any omission, misstatement, or falsification form an eligibility list(s), and/or discharge from an eligibility list(s), and/or discharge from, or institution to release any and all information release all parties and individuals of in furnishing such information.	ny supplemental questionnaire(s) are true ation may be cause for rejection of this rom City Service. In addition, I authorize ormation concerning statements made by
Print Applicant's Name	Applicant Signature	Date
FOR ADMINISTRATIVE USE O	<u>ONLY</u>	-,
Job Code:	Cost Cente	er:
Title:	Hourly Waç	ge:
Supervisor:	Weekly Hor	urs: