

STUDENT EMPLOYMENT at the SUNY Oswego SKATE SHOP

The **SUNY Oswego Skate Shop** is located in room 24 of the Campus Center, which is immediately adjacent to the main doors at the lower level of the Campus Center Arena.

The **Skate Shop** employs reliable & conscientious students who work on a part-time basis to provide staffing for regular Open Skate sessions and special skating events. Student Employees provide support in the Skate Shop by collecting fees, supplying rental skates to customers, and sharpening skates. Student employees also work as on-ice "Skate Guards" to assist and ensure the safety of Open Skate participants.

When hiring students for a position with the Skate Shop, preference is given for the following:

- **AVAILABILITY** – Student Employees must be available for at least 2 shifts on a regular weekly work schedule. The regular shifts are as follows:
 - ☐ 11:30 AM to 2:15 PM on Monday through Friday;
 - ☐ 5:30 PM to 7:45 PM on Sunday evenings;
 - ☐ 6:00 PM to 8:15 PM on Tuesday evenings;
- **ICE SKATING SKILLS** – Student Employees may be required to alternate between working in the Shop and on the ice, so ice skating skills are preferred.
- **FIRST AID TRAINING** – Student Employees may be required to administer basic first aid to injured customers, so training in this area is a plus.
- **CUSTOMER SERVICE SKILLS** – Student Employees must have the ability to interact with Open Skate customers in a courteous and competent manner.
- **CASH HANDLING SKILLS** – Student Employees must be able to learn how to operate a cash register and accurately make change for cash transactions.

A copy of the Skate Shop's **Application for Student Employment** can be downloaded (in PDF format) by visiting:

<http://www.oswego.edu/openskate.html>

Smartphone users can link to this webpage by scanning the QR Code below:



Questions about working in the SUNY Oswego Skate Shop should be referred to the Skate Shop Manager by e-mailing timothy.graber@oswego.edu.

Completed applications can be e-mailed to Skate Shop Manager – or dropped off (or mailed) to:
Tim Graber, 135 Campus Center, SUNY Oswego, Oswego, NY 13126.

APPLICATION FOR STUDENT EMPLOYMENT SKATE SHOP

Department of Campus Life, SUNY Oswego
135 Campus Center, Oswego, NY 13126

Please read carefully: All information will be treated as confidential. Please answer all questions and complete all fields as thoroughly as possible, and attach additional sheets if necessary. The use of this form does not indicate there are positions available, and does not obligate the applicant or this institution. *PLEASE TYPE OR PRINT NEATLY.*

If you have any questions about completing this application, please contact the Skate Shop Manager, timothy.graber@oswego.edu.

YOUR PERSONAL INFORMATION:

DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY #: **XXX – XX –** _____
(LAST) (FIRST) (MI) (LAST 4 DIGITS ONLY)

LOCAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE) (CELL OR LOCAL PHONE #)

PERM. ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE) (HOME PHONE #)

E-MAIL ADDRESSES: _____
(SCHOOL E-MAIL) (HOME E-MAIL)

OVERALL G.P.A.: _____ YEAR (Choose One): _____ MAJOR: _____

YOUR WORK EXPERIENCE: *(Please list ALL your current and former employers, starting with the most recent.)*

EMPLOYER'S NAME & ADDRESS: _____

SUPERVISOR: _____ PHONE #: _____ E-MAIL: _____

DATES OF EMPLOYMENT: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYER'S NAME & ADDRESS: _____

SUPERVISOR: _____ PHONE #: _____ E-MAIL: _____

DATES OF EMPLOYMENT: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYER'S NAME & ADDRESS: _____

SUPERVISOR: _____ PHONE #: _____ E-MAIL: _____

DATES OF EMPLOYMENT: _____

DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

May we contact your previous employer(s)? (Click to choose.) _____

If "NO", why not? _____

YOUR JOB-RELATED SKILLS: *(Please provide information regarding the following job-related skills.)*

CUSTOMER SERVICE –

In what capacity have you worked directly with customers to provide services, answer questions or solve problems?

CASH HANDLING –

In what capacity have you been responsible for completing cash transactions, operating a cash register, making change for purchases, counting large amounts of cash or making cash deposits?

FIRST AID –

What training, certifications or experience do you have with regards to First Aid, CPR or AED devices?

ICE SKATING –

How many years have you been ice skating? _____

What is your level of expertise with regards to ice skating? (Choose one.) _____

In what capacity did you gain your ice skating experience? (Check all that apply.)

☐ Playing ice hockey... (Check all that apply.) ☐ YOUTH ☐ HIGH SCHOOL ☐ COLLEGE

☐ Figure skating..... (Check all that apply.) ☐ YOUTH ☐ HIGH SCHOOL ☐ COLLEGE

☐ Recreational skating... _____

☐ Other..... _____

ADDITIONAL REFERENCES: *(In addition to your former employer(s), who else may we contact to provide references?)*

NAME: _____ E-MAIL: _____

ADDRESS: _____ PHONE #: _____

RELATIONSHIP: _____

NAME: _____ E-MAIL: _____

ADDRESS: _____ PHONE #: _____

RELATIONSHIP: _____

ACKNOWLEDGEMENT:

"I affirm that all information on this form (and attachments) is complete, true and correct to the best of my knowledge."

APPLICANT'S SIGNATURE: _____ DATE: _____

CLASS SCHEDULE FOR: _____

SEMESTER: _____

Please "check" the time slots that represent your class schedule (and other commitments) for the semester.

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 8:55 <input type="checkbox"/>	8:00 – 9:20 <input type="checkbox"/>	8:00 – 8:55 <input type="checkbox"/>	8:00 – 9:20 <input type="checkbox"/>	8:00 – 8:55 <input type="checkbox"/>
9:10 – 10:05 <input type="checkbox"/>	9:35 – 10:55 <input type="checkbox"/>	9:10 – 10:05 <input type="checkbox"/>	9:35 – 10:55 <input type="checkbox"/>	9:10 – 10:05 <input type="checkbox"/>
10:20 – 11:15 <input type="checkbox"/>	11:10 – 12:30 <input type="checkbox"/>	10:20 – 11:15 <input type="checkbox"/>	11:10 – 12:30 <input type="checkbox"/>	10:20 – 11:15 <input type="checkbox"/>
11:30 – 12:25 <input type="checkbox"/>	<input type="checkbox"/>	11:30 – 12:25 <input type="checkbox"/>	<input type="checkbox"/>	11:30 – 12:25 <input type="checkbox"/>
12:40 – 1:35 <input type="checkbox"/>	12:45 – 2:05 <input type="checkbox"/>	12:40 – 1:35 <input type="checkbox"/>	12:45 – 2:05 <input type="checkbox"/>	12:40 – 1:35 <input type="checkbox"/>
1:50 – 2:45 <input type="checkbox"/>	2:20 – 3:40 <input type="checkbox"/>	1:50 – 2:45 <input type="checkbox"/>	2:20 – 3:40 <input type="checkbox"/>	1:50 – 2:45 <input type="checkbox"/>
3:00 – 3:55 <input type="checkbox"/>	3:55 – 5:15 <input type="checkbox"/>	3:00 – 3:55 <input type="checkbox"/>	3:55 – 5:15 <input type="checkbox"/>	3:00 – 3:55 <input type="checkbox"/>
4:10 – 5:05 <input type="checkbox"/>	<input type="checkbox"/>	4:10 – 5:05 <input type="checkbox"/>	<input type="checkbox"/>	4:10 – 5:05 <input type="checkbox"/>

Are you available for the Tuesday evening shift (6:00 PM – 8:15 PM)? _____

Are you available for the Sunday evening shift (5:30 PM – 7:45 PM)? _____