Accessibility Assistant Description

Please read this description and our application for employment carefully, as applicants that do not follow the instructions, submit incomplete applications, or turn applications in late will not be considered.

* Applicant MUST submit both a resume and the Office of Accessibility’s application for employment.*

Position Summary: The Accessibility Assistant assists the Program Assistant with everyday operations of the front office, as well as works individually with students to help provide services. The Office of Accessibility seeks to create an environment in which student employees (Accessibility Assistants) can learn valuable skills and knowledge that they will utilize in both day-to-day office operations, and in their future careers.

The Office of Accessibility is currently seeking to hire one additional Accessibility Assistant (Student Assistant) that will be able to work 10-15 hours per week. Our ideal candidate would also be available to work during fall 2019, spring 2020, and summer 2020, and would continue to work in the Office of Accessibility until their graduation from The University of Akron.

Supervision: Program Assistant

Responsibilities:

- Customer Service: Provide quality customer service for parents, students and campus community in a timely manner using all resources to assist client’s questions
- Administrative Duties: Responsible for answering phones, filing, copying and recording confidential files in absence of Program Assistant
- Student Service: One-on-one interaction with students with disabilities as a reader and/or scribe
- Student Service: Train and support students with disabilities on adaptive technology and software
- Student Service: Process alternative format requests and convert textbooks to alternative media
- Recruitment: Assist Notetaking Coordinator with recruitment of notetakers
- Learn about the application of the Americans with Disabilities Act in higher education

Qualifications or Requirements: Please list knowledge, skills, and attitudes necessary to fulfill the position.

- Must have 2.7 cumulative GPA and be enrolled in courses at UA for the semester in which you are applying
- Experience using Microsoft Office
- Excellent interpersonal and conflict management skills
- Excellent written and verbal communication skills
- Responsible, conscientious, and reliable
- Ability to maintain confidentiality of the office
- Ability to provide polite and friendly customer service and display a positive attitude
- Ability to work in a team setting, and make valuable contributions to team efforts
- Strong willingness to learn new things, particularly regarding computers and customer service
- Previous experience working with individuals with disabilities is preferred, but not required

* Accepting applications through end of business (5PM) on Thursday, October 17th, 2019. Candidates being offered an interview will be contacted on or before Friday, October 18th, 2019.*
Office of Accessibility
Application for Employment

Please review the application and requirements before applying. Complete the application in its entirety. Incomplete applications will not be considered.

All student employees in the Office of Accessibility are held to academic requirements. In order to be hired, all student employees must have and maintain a 2.7 cumulative grade point average. Student employees must also be available to work a minimum of 10 hours per week in shifts of at least two hours, or as noted in the employment posting.

All applications will remain on file in the Office of Accessibility for one year.

This application, along with a resume, must be turned into Simmons Hall 105 or to the Handshake posting by the job posting’s close date (the close date can be found on Handshake and at uakron.edu/access/office/employment.dot).

Thank you for your interest in working in the Office of Accessibility!

Today’s Date: ____________________________  Date Available for Employment: ____________________________

Name: ____________________________________________________________________________________________

Student ID: ____________________________  Birthdate: ____________________________________________________________________________________________

Campus Address: __________________________________________________________________________________

Permanent Address: __________________________________________________________________________________________

Preferred Phone Number: _____________________________________________________________________________

UA Email Address: ______________________________________________________________________________________

Major: ____________________________  Anticipated Graduation Date: ____________________________

Please indicate your availability to work for the semester which you are applying. Please note that the Office of Accessibility is open Monday through Friday 8AM-5PM.

Monday: ____________________________  Thursday: ____________________________

Tuesday: ____________________________  Friday: ____________________________

Wednesday: _________________________
Number of hours desired to work per week: ______________________

General Questions

Have you ever worked on campus before? □ Yes □ No
Do you currently qualify for federal work study? □ Yes □ No
Have you ever been convicted for a misdemeanor or felony offense? □ Yes □ No
Would you like to be considered for this position in the future? □ Yes □ No
*If not hired for the semester you are currently applying

How did you learn about this position?
□ Student Employment Job Postings
□ Office of Accessibility Website
□ Office of Accessibility Employee – Name(s): ________________________________
□ Friend – Name(s): ________________________________
□ Other: ________________________________________________________________

What skills or abilities would you bring to the Office of Accessibility? ________________________________
______________________________________________________________________________
______________________________________________________________________________

Identify two skills that you would like to further develop. ________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe your experience working with students with disabilities. ________________________________
______________________________________________________________________________
______________________________________________________________________________

What interests you about working in the Office of Accessibility? ________________________________
______________________________________________________________________________
______________________________________________________________________________

Proficiencies
□ Adaptive Technology □ Filing □ Reception
□ Computer Skills □ Marketing □ Scanners
□ Conflict Management □ Microsoft Office □ Typing
□ Customer Service □ Peer Mentoring □ Multi-line Phones
Previous Employment and/or Volunteer Experience
Please list the two (2) most current employment or volunteer experiences.

Employer: ____________________________________________________________________________________________________________
Job Title: ___________________________ Dates of Employment: _______________________
Duties: ________________________________________________________________________________________________________________
Supervisor: ___________________________ Supervisor Phone: _________________________
Reason for Leaving: ____________________________________________________________________________________________________
May we contact this employer: □ Yes □ No

Employer: ____________________________________________________________________________________________________________
Job Title: ___________________________ Dates of Employment: _______________________
Duties: ________________________________________________________________________________________________________________
Supervisor: ___________________________ Supervisor Phone: _________________________
Reason for Leaving: ____________________________________________________________________________________________________
May we contact this employer: □ Yes □ No

References
Please list two (2) references that are not friends or family members

Name: __________________________________________________________________________________________________________________
Title: ___________________________ Phone: ___________________________
Email: ___________________________ *A phone number or email MUST be provided
Relationship: __________________________________________________________________________________________________________

Name: __________________________________________________________________________________________________________________
Title: ___________________________ Phone: ___________________________
Email: ___________________________ *A phone number or email MUST be provided
Relationship: __________________________________________________________________________________________________________
I certify that, to the best of my knowledge, the information provided on this application is accurate. I authorize the Office of Accessibility to verify any of the information available on this application.

Signature: ___________________________________________  Date: ___________________

Thank you for your interest in working with The Office of Accessibility! We appreciate your time!