

** Facility Attendant  Service Attendant  Building Manager**

** Fitness Attendant  Personal Trainer  Group Fitness Instructor**

** Lifeguard  Water Safety Instructor  Lifeguard Instructor**

** Intramurals Sports Official  Intramurals Program Assistant  CPR/AED/First Aid Instructor**

** 3rd Floor Office Attendant   RWZ Office Attendant   Marketing Specialist/Graphic Designer**

***Personal* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSHE Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student Status Freshman  Sophomore  Junior  Senior Graduate**

**Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you eligible for work study?  Yes No If yes, what type? Federal State Institutional**

**Are you employed elsewhere on campus?  Yes No If yes, how many hours per week?\_\_\_\_\_\_\_**

**Are you employed elsewhere off campus?  Yes No If yes, how many hours per week?\_\_\_\_\_\_\_**

**Are you currently enrolled in a minimum of 6 undergraduate credits?  Yes No**

**Do you currently have above a 2.25 cumulative GPA?  Yes No**

**Employment Interests:** *Please mark all positions of interest.*

**Employment History**

Attach your resume stating all previous work experiences and three references.

May we contact your previous employers listed on your resume? ** Yes  No**

**Completed applications are to be dropped off at the Student Recreation and Wellness Center front desk. Please attach resume.**

*Student Recreation and Wellness Center*

Complete Reserve Side

** CPR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AED\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Aid\_\_\_\_\_\_\_\_\_\_\_**

** Lifeguarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LGI\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

** Sports Officiating: National Fitness Certification Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*list types of sports list types of fitness organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Additional Questions:**

** How many hours per week do you prefer to work? Min \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

** Please list any additional job-related skills that you feel would qualify you for the postion(s) you are applying for. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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** Why do you feel that you are qualified for the position(s) you are applying for?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** What motivates you to put forth your best effort in a job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Read Before Signing**

*I hereby certify that all the information contained in this application is true and has been completed to the best of my knowledge. I authorize Campus Recreational Services and the Student Recreation and Wellness Center to contact all necessary sources to verify this information. I understand that any misstatement or omission is sufficient grounds for immediate discharge.*

***I understand that if hired I MUST maintain a minimum grade point average (GPA) of 2.25 cumulative and 2.0 per semester. I understand that I may be required to work some mornings, evenings, weekends and holidays.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Student Recreation and Wellness Center*

**Certifications/Licenses:** *Please mark all certifications you currently hold and include the expiration date.*

Revised 8/2011