

Campus Recreation

Employment Application

Applicant Information							
Full Name:					Date:		
	Last	First		M.I.			
Address:							
Address.	Street Address				Apartment/Unit #		
	<u></u>			<u> </u>	710.6		
	City			State	ZIP Code		
Phone:			Email : _				
T- Number:			Major: _				
Birthday:			Year:	Freshman Soph	omore Junior Senior		
Please circle anything that you have prior experience in:							
Bike Mai	ntenance	Camping Equipment	Certif	ied Lifeguard (Certified Swim Instructor		
Child Ca	re/Camp	Exercise Equipment					
	selor	Maintenance	Fitne	ss Instructor	Office Experience		
Photog	grapher	Videographer	Spo	orts Official	Scorekeeper		
Are you a Scholarship Worker? Yes No Are you receiving Federal Work Study? Yes No							

Emergency Contact							
Name:		Email:					
Relationship:							
Medical Information							
Do you have any allergies, medical conditions, or medications that we need to be aware of while you are at work? Yes No							
If yes, continue filling out this section. If no, move on to the next section.							
Allergies:							
Current Medications:							
Medical Conditions							
(seizures, diabetic, etc.):							
-							
References							
Do you agree to have references contacted in relations to this application (Circle One)? Yes No							
Name	Pho	ne Number	Relationship				