Employee Application

DATE: _____

PERSONAL INFORMATION

Name: _____ **Primary Phone:** _____

Permanent Address: _____

Banner ID: @_____ **E-Mail:** _____

Major: _____ **Minor:** _____

Year: Freshman Sophomore Junior Senior Graduate

Available over: winter break summer break

Eligible for Federal Work Study (Check Financial Aid): YES NO **Amount:** _____/sem.

CERTIFICATIONS

Which of the following certification/s do you currently hold? Be prepared to provide a copy.

____ **CPR** ____ **First Aid**

WORK SCHEDULE

Please circle the times you would be available to work each day.

Monday	5:30 am - 8:00 pm	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Tuesday	5:30 am - 8:00 pm	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Wednesday	5:30 am - 8:00 pm	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Thursday	5:30 am - 8:00 pm	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Friday	5:30 am - 8:00 pm	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	-
Saturday	9:00 am - 11:00 am	-	-	-

EXPERIENCE

Please list the classes and experiences that qualify you to work in the Fitness Center: (this may include course work, facilities, equipment, and other applicable work experiences.)

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