

Employment Application

Date: _____ Semesters available: Fall _____ Spring _____ Summer _____

Personal Information				
Name _____		AASU ID# _____		
First	Last			
Local Address _____				
Street/Apt. #	City	State	Zip	
Phone Number(s) _____		Email _____		

Student Status					
_____ Freshman	_____ Sophomore	_____ Junior	_____ Senior	_____ Graduate	_____ Non-Student
Major/Minor _____		Expected Graduation Date _____			
Desired # of hours per week? _____					
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? _____					

Employment Interests			*Specific certification and/or training required.
_____ Recreation Center Attendant	_____ Facility Supervisor		
_____ Intramural Sports Supervisor	_____ Intramural Sports Official		
_____ Personal Trainer*	_____ Group Exercise Instructor*		
Are you CPR/FIRST AID/AED certified?			
CPR: _____ Yes _____ No.	If yes, expiration date: _____		
FIRST AID: _____ Yes _____ No.	If yes, expiration date: _____		
AED: _____ Yes _____ No.	If yes, expiration date: _____		

Work History - Please list prior work experience (use back of form if additional space is needed)	
Employer: _____	Dates Employed: From _____ to _____
Duties/Responsibilities _____	

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Employer: _____	Dates Employed: From _____ to _____
Duties/Responsibilities _____	

Please list any characteristics or qualities about yourself that you think qualify you for the position and would help you succeed and be a valuable part of the Recreation & Wellness Department? _____	

Providing false or misleading information or failing to provide material information at any time during the employment process may result in the University terminating my employment or withdrawing my application from consideration.

Signature

Date

An Equal Opportunity/Affirmative Action Employer