

EMPLOYMENT APPLICATION

PERSONAL INFORMATION <i>Please print clearly</i>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <i>Please check one</i>
Name: _____ Date: _____	
Local Address: _____	
Phone Number: _____ Email Address: _____	

STUDENT INFORMATION
Student ID number: _____ Major: _____
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
Anticipated Graduation Date: _____ Number of credit hours registered for: _____
What type of work study have you received for this academic year? (Please attach a copy of award letter.) <input type="checkbox"/> Federal Work Study <input type="checkbox"/> Institutional Work Study Amount Awarded \$ _____
Do you have any commitments to another employer, club, or organization that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours per week: _____
Have you previously been employed by Mississippi University for Women? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the department(s): _____

CERTIFICATIONS <i>Please check and provide a copy of the certifications you hold</i>
<input type="checkbox"/> CPR ___/___/___ Expiration <input type="checkbox"/> AED ___/___/___ Expiration <input type="checkbox"/> First Aid ___/___/___ Expiration <input type="checkbox"/> ARC Lifeguard ___/___/___ Expiration <input type="checkbox"/> WSI ___/___/___ Expiration <input type="checkbox"/> ASA Umpire <input type="checkbox"/> ACE/ACSM/AFFA: (circle one) _____ ___/___/___ Expiration <input type="checkbox"/> MHSAA Officials Certification (Sports): _____ <input type="checkbox"/> Other: _____ ___/___/___ Expiration

EMPLOYMENT INTERESTS: <i>See our website for job descriptions, www.muw.edu/recreation.</i>															
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Customer Service Representative</td> <td><input type="checkbox"/> Intramural Supervisor</td> <td><input type="checkbox"/> Student Manager</td> </tr> <tr> <td><input type="checkbox"/> Equipment Maintenance</td> <td><input type="checkbox"/> Lifeguard</td> <td><input type="checkbox"/> Water Safety Instructor</td> </tr> <tr> <td><input type="checkbox"/> Group Fitness Instructor</td> <td><input type="checkbox"/> Office Staff</td> <td><input type="checkbox"/> Weight Room Attendant</td> </tr> <tr> <td><input type="checkbox"/> Intramural Official</td> <td><input type="checkbox"/> Personal Trainer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Intramural Scorekeeper</td> <td><input type="checkbox"/> Recreation Crew</td> <td></td> </tr> </table>	<input type="checkbox"/> Customer Service Representative	<input type="checkbox"/> Intramural Supervisor	<input type="checkbox"/> Student Manager	<input type="checkbox"/> Equipment Maintenance	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Water Safety Instructor	<input type="checkbox"/> Group Fitness Instructor	<input type="checkbox"/> Office Staff	<input type="checkbox"/> Weight Room Attendant	<input type="checkbox"/> Intramural Official	<input type="checkbox"/> Personal Trainer		<input type="checkbox"/> Intramural Scorekeeper	<input type="checkbox"/> Recreation Crew	
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Office Use Only:

Employee Group Recommendation: CS EM CF IMO IMSK IMS LG OS PT RC SM WSI WRA

Comments: _____

Interview: Yes No

Interviewer's Signature: _____

Hire: Yes No Future Date of hire: ___/___/___

Date: ___/___/___

PLEASE COMPLETE REVERSE SIDE

EMPLOYMENT HISTORY

Please include a résumé with your previous employment, extra curricular activities, and/or list of references.

May we contact your previous employers or references listed on your résumé? Yes No

Referred by: _____

AVAILABILITY

Please indicate your class schedule or other conflicts in the space provided

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00am-7:00am							
7:00am-8:00am							
8:00am-9:00am							
9:00am-10:00am							
10:00am-11:00am							
11:00am-12:00pm							
12:00pm-1:00pm							
1:00pm-2:00pm							
2:00pm-3:00pm							
3:00pm-4:00pm							
4:00pm-5:00pm							
5:00pm-6:00pm							
6:00pm-7:00pm							
7:00pm-8:00pm							
8:00pm-9:00pm							
9:00pm-10:00pm							

Please Read Before Signing

I hereby certify that all the information contained on this application is true and complete. I authorize Campus Recreation to contact all sources necessary to verify this information. I understand that any misstatement or omission is sufficient grounds for immediate discharge.

I also understand that I will be required to work some mornings, evenings, weekends and holidays.

Signature _____ Date _____

To receive full consideration, please return **completed application** along with **résumé, copy of award letter and certifications** to:

Mississippi University for Women
Campus Recreation
1100 College St.
MUW 40
Columbus, MS 39701
Fax: (662) 241-7489