

Application for Student Employment

Department of Recreational Sports

Name email: _____

First Last

Local Address: _____

Permanent address: _____

City State Zip

Cell Phone: () _____ Permanent Phone: () _____

MU ID #: _____ MU USER NAME# _____

Year: FR_____ So_____ Jr_____ Sr_____ Grad_____ Major: _____

Do you have: SWO _____ FWS _____ Amount Awarded \$ _____ Minor: _____

Anticipated graduation date: _____

Do you have previous experience in Recreational Sports? Yes _____ No _____

PREVIOUS WORK EXPERIENCE

On campus? Yes_____ No_____

Business Name: _____ Job Title: _____

Duties: _____

Dates: _____ Ph. # _____ Supervisor: _____

Reasons for Leaving: _____

On campus? Yes_____ No_____

Business Name: _____ Job Title: _____

Duties: _____

Dates: _____ Ph. # _____ Supervisor: _____

Reasons for Leaving: _____

On campus? Yes_____ No_____

Business Name: _____ Job Title: _____

Duties: _____

Dates: _____ Ph. # _____ Supervisor: _____

Reasons for Leaving: _____

On campus? Yes_____ No_____

Business Name: _____ Job Title: _____

Duties: _____

Dates: _____ Ph. # _____ Supervisor: _____

Reasons for Leaving: _____

Do you have Lifeguard Training? Yes _____ No _____

Please specify certification: _____

Are you a Water Safety Instructor? Yes _____ No _____

Do you have Red Cross Training? CPR _____ First Aid _____

Semester Applying For?

Fall
Spring
Summer
(circle one)

Please sign and date, verifying that all information is true and correct.

Name: _____ Date: _____

FOR OFFICE USE ONLY	Interview Date	
	References	
	Hired? (Date)	
	Pay Rate	