

Employment Application

Student Recreation, Fitness and Wellness

Lewis University

Date: _____ Availability: _____ Fall

Personal Data (Please type or print clearly and complete all sections in full.)

 First Name MI Last Name E-Mail Address

 Local/Campus Address

 City State Zip Phone (list all numbers)

 Permanent/Home Address

 City State Zip Phone (list all numbers)

 Year in School Major Date of Graduation Work Study Grant (Yes/No)

Have you previously worked for Lewis University as a student employee? Yes _____ No _____

If so, which department? _____ Dates of employment: from _____ to _____

Desired Position (Rank these positions in order of interest - 1 for highest priority, 2 for second highest and so on. Do not list positions that require certifications and/or related experience.)

CPR, AED, and First Aid Certifications: Aquatics Certifications:

CPR for the Professional Rescuer

Lifeguard Training

Adult CPR

Standard First Aid

Other: _____

Other: _____

Group Fitness/Personal Training Certifications (please list):

Previous Work Experience (Please attach an additional sheet if necessary to include all relevant information.)

Position #1:

 Company Name Job Title Dates of Employment

 Contact Name and Phone Number May we contact your supervisor for a reference?

 Responsibilities Reason for seeking other employment

Position #2:

| | | |
|--------------|-----------|---------------------|
| Company Name | Job Title | Dates of Employment |
|--------------|-----------|---------------------|

| | |
|-------------------------------|---|
| Contact Name and Phone Number | May we contact your supervisor for a reference? |
|-------------------------------|---|

| | |
|------------------|-------------------------------------|
| Responsibilities | Reason for seeking other employment |
|------------------|-------------------------------------|

Please list any volunteer or leadership positions held:

What are your qualifications, strengths or special skills related to this application?

Why do you want

Weekly Availability for _____ Semester

Please indicate availability by marking ("X") the time slots that you are **NOT** available to work at Recreation Services

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| 7:00 | | | | | | | |
| 7:30 | | | | | | | |
| 8:00 | | | | | | | |
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| 9:00 | | | | | | | |
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| 12:00 PM | | | | | | | |
| 12:30 | | | | | | | |
| 1:00 | | | | | | | |
| 1:30 | | | | | | | |
| 2:00 | | | | | | | |