

UL Rec Sports 225 Cajundome Boulevard Lafayette, Louisiana 70506 recsports.louisiana.edu 337-482-6159

Employment Application

		Applica	nt imior	mation							
Full Name:	Last	First			M.I.	Birth Date:					
Local Address:											
	Street Address					Apartment/Unit #					
	City				State	ZIP Code					
Phone:			Email	-							
Date Available: CLID:						ULID:					
Position(s) Applying for:Assistant			[_ifeguard		_Marketing/Social Media					
		Graphic Designer	!	Maintenand	e	_Personal Trainer/Group X					
	_	Climbing Wall		Swim Instru	uctor	_Intramural Official					
	-	Ec	ducatio	n	-						
Major:		G	PA:								
Classification	n:		Expected Graduation Date:								
	_	Genera	ıl İnforr	nation	_						
		3011010	YES	NO							
Are you pres	ently employed	by UL Rec Sports?	☐ YES	□ NO	In which program	n area?					
Are you pres	ently employed	on campus?	YES	□ NO	Where on campu	us?					
Have you pre	eviously been en	nployed by the University?	YES	□ NO	When and where	?					
Are you certifi	ied in Adult CPR	& AED?	YES	□ NO	Expiration date:						
Are you certifi	ied in First Aid?		YES	□ NO	Expiration date:						
Are you certifi	ied by the ACSM	, NSCA, ACE, AFAA, or NASM?									
If yes, list cert	tification(s) and e	xpiration date(s)	Nights	Weekends	Holidays						
Are you willing	g to work nights,	weekends, and holidays?	YES	□ NO							
Are you eligib											

To help us consider you for a position that matches your availability, please mark with an "X" when you are available to work . (e.g. Marking 12p means that you are available from 12pm – 1pm)																		
, ,	6a	7a	8a	9a	10a	11a	12p	1p	2p	3р	4p	5р	6p	7p	8p	9p	10p	
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		
		-			-		Ref	ferenc	ces				-					
Please list th	ree pro	ofessio	nal ret	erence	es.													
Full Name:	Relationship:																	
Company:	Phone:																	
Address:																		
Full Name:												Palat	ionehin					
Company:	Relationship:Phone:																	
Address:													THORIC					
71441000.						Dre	vious	Emn	lovm	ont.								
						FIE	evious	EIIIP	loyiii	eni								
Company:	Phone:																	
Address:										Supervisor:								
Job Title:								From:		To:								
Responsibilitie	es: _														Ŋ	/ES	NO	
Reason for Leaving:									May	we co	ontact y	superv	isor					
Company:													Phone	:				
Address:										Supervisor:								
Job Title:								From:					To:					
Responsibilitie	es: _															/ES	NO	
Reason for Le											NO							
						Disc	laime	r and	Signa	ature_								
I certify that r	ny ans	wers a	are true	and o	comple													
If this applica			emplo	yment	, I unde	erstand	d that f	alse o	r misle	ading l	informa	ation ir	n my aµ	oplicati	ion or i	intervie	ew	
may result in	my re	lease.																
Signature:													Date:					

Availability