



Employment Application

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Local Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Personal E-Mail: _____

Date Available to Begin Employment: _____ ULID: _____

- Position(s) Applying for:
- | | | |
|---|---|---|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Graphic Designer |
| <input type="checkbox"/> Group X Instructor | <input type="checkbox"/> Health/Safety Instructor | <input type="checkbox"/> Intramural's Official |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Marketing/Social Media |
| <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Swim Instructor | |

Education

Major: _____ GPA: _____

Classification: _____ Expected Graduation Date: _____

General Information

Are you presently employed by UL Rec Sports?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In which program area?	
Are you presently employed on campus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where on campus?	
Have you previously been employed by the University?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	When and where?	
Are you certified in Adult CPR & AED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration date:	
Are you certified in First Aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration date:	
Are you a certified Lifeguard?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration date:	
Are you certified by the ACSM, NSCA, ACE, AFAA, or NASM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration date:	
Are you willing to work nights, weekends, and holidays?	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>	Holidays <input type="checkbox"/>	

Availability

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	3p	4p	5p	6p	7p	8p	9p	10p	11p
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____
Reason for Leaving: _____ May we contact your previous supervisor YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____
Reason for Leaving: _____ May we contact your previous supervisor YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____