

Winter 2012



EMU, 100 Olds/Robb, Ypsilanti, MI 48197

Returning Employee Application

(Please submit all applications to Michelle)

Employment and placement will be based on returning employee work study and availability. Early AM, weekend and Building Service shifts are essential to our operation. We are looking for flexible staff!

PERSONAL HISTORY

| | | | | | |
|------------------------------|------|-----------------|-----|----------------|--|
| Name (First, Middle, Last) | | | | Email: | |
| Local Address | | | | Contact Number | |
| Street | City | State | Zip | | |
| Home Address | | | | Phone Number | |
| Street | City | State | Zip | | |
| Contact in case of emergency | | | | Phone Number | |
| Name of person | | Relation to you | | | |

STUDENT STATUS

CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.)

Please attach copy of certification

| | | | |
|-----------------------------|-----------------------------------|----------------|-----------|
| Student Number | Number of credits hrs. registered | Certification: | Exp. Date |
| Class Standing (circle) | Anticipated Graduation Date | Certification: | Exp. Date |
| Fr., Soph., Jr., Sr., Grad. | | | |

| | |
|--|---|
| Are you presently employed by another EMU Department? | Preferred form of communication: (rank in order of most (1) to least (3) preferred 1,2,3) |
| YES or NO | ___ Email ___ Phone ___ Text |
| Do you have work-study approval? If so, please add amount per semester | Will you be commuting to work more than a 15 minute drive? |
| YES or NO \$ | YES or NO |

Supervisors and Lifeguards require prior certification. Please select 3 areas that you would like to work. Number positions in order of top 1, 2, 3 choices.

- | | | |
|------------------------------|------------------------|-----------------------|
| ___ Supervisor | ___ Maintenance* | ___ Pro Shop* |
| ___ Club Pool ID Checker | ___ Building Services* | ___ Fitness Attendant |
| ___ Group Fitness Assistant* | ___ Courtside | ___ Front Counter |
| ___ Park Grounds | ___ Lifeguard | |

*Please keep in mind that work study is required for all positions with an **

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Name: _____ Hours per week desired _____ (29 max)
 Accurately cross out the times when you CANNOT work on the schedule below. Please allow time to get to and from class. For example, if you have a class that ends at 11:00, don't say you can start at 11:00. Instead, cross out time blocks up to 11:30. If you have class that begins at 12:00, don't say you can work up to 12:00, and want to leave at 11:50. If you're hoping to get many hours, leave a good amount of availability.

ACCURATELY CROSS OUT THE TIMES WHEN YOU CANNOT WORK !

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| 6:15-7:30 | | | | | | | |
| 7:30-8 | | | | | | | |
| 8-8:30 | | | | | | | |
| 8:30-9 | | | | | | | |
| 9-9:30 | | | | | | | |
| 9:30-10 | | | | | | | |
| 10-10:30 | | | | | | | |
| 10:30-11 | | | | | | | |
| 11-11:30 | | | | | | | |
| 11:30-12 | | | | | | | |
| 12-12:30 | | | | | | | |
| 12:30-1 | | | | | | | |
| 1-1:30 | | | | | | | |
| 1:30-2 | | | | | | | |
| 2-2:30 | | | | | | | |
| 2:30-3 | | | | | | | |
| 3-3:30 | | | | | | | |
| 3:30-4 | | | | | | | |
| 4-4:30 | | | | | | | |
| 4:30-5 | | | | | | | |
| 5-5:30 | | | | | | | |
| 5:30-6 | | | | | | | |
| 6-6:30 | | | | | | | |
| 6:30-7 | | | | | | | |
| 7-7:30 | | | | | | | |
| 7:30-8 | | | | | | | |
| 8-8:30 | | | | | | | |
| 8:30-9 | | | | | | | |
| 9-9:30 | | | | | | | |
| 9:30-10 | | | | | | | |

Return all applications to Michelle Owens

BY SIGNING THIS FORM, YOU WAIVE YOUR RIGHT TO PRIVACY AND ALLOW THE REC/IM PROFESSIONAL STAFF TO VERIFY THAT YOU ARE IN GOOD ACADEMIC AND DISCIPLINARY STANDING. YOU ALSO ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS GIVEN TO THE BEST OF YOUR KNOWLEDGE. YOU ALSO UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION, FOR ANY REASON, WILL RESULT IN IMMEDIATE DISMISSAL FROM THE RECREATION INTRAMURAL DEPARTMENT.

 Signature

 Date