

Supervisor-in-training

Esports

Customer Service/Front Desk

Winter 2024

Returning Employee Application

Employment and placement will be based on returning employee work study and availability. Early AM and weekend shifts are essential to our operation. We appreciate flexible, positive, energetic applicants who are passionate about wellness and service delivery.

Intramural Supervisor

Wellness Ambassador

Intramural Official (Referee)

Name (First, Middle, Last)				Email (nlease us	se your emich email	address).	
Traine (First, Middle, East)				Liliali (picase u	se your childrichian		
						@emich.edu	
Local Address					Contact Number		
Street	City	State	Zip			If rehired, this information should match your When to Work profile.	
Home Address					Phone Number	work prome.	
Street	City	State	Zip				
Contact in case of emergency Na	me of person Ro	elation to	o you		Phone Number		
					PR, First Aid, Lifeg	guard, etc.)	
STUDENT STATUS		Please attach copy of certification Certification: Exp. Date					
EID (Student Number) Number of credits hrs. registered (6 required)			Certification:			Exp. Date	
			By initialing the follounderstand:	owing statements	you acknowledge y	ou have read and	
Class Standing (circle) Fr., Soph., Jr., Sr., Grad.	Anticipated Graduation	Date	Discipline policy Student Employe	ee Handbook			
Are you presently employed by and	other VEO	_	Assigned job des REC/IM Emerger	cription			
EMU Dept. or will be by Winter '24?	YES or I	NO	Signed Confiden	tiality Statemen	t and Michelle has eck my emich acc		
Do you have work-study approv		_	As a REC/IIVI eIII	pioyee, i will cir	eck my emich acc	Court daily	
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				
What things motivate you	to continue work	ing w	ith the REC/II	M?			
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	ase select the upervisors ar			_			
Building Supervisor	upervisors ar		ss Center Atte	•		ng/Graphic Design	
building Supervisor		i itile:	33 OCHICH AUCH	ilualit _	Mai Netii	19/ Staptile Design	

Group Fitness Instructor

Personal Trainer

Lifeguard

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7-7:30							
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							
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"W THIS FORM, YOU ALSO ATT	YHEN TO WO YOU WAIVE YOUR EST THAT THE INFOR	RK". Please I RIGHT TO PRIVACY RMATION PROVIDED O	be sure to com	plete this required professional given to the bes	Uest or you STAFF TO VERIFY T OF YOUR KNOV	WILL NOT BE SCH THAT YOU ARE IN G VLEDGE. YOU ALSO U	receive a requenced leduled. GOOD ACADEMIC AND DISTRIBUTION THAT: FAIR

Please submit completed lifeguard applications to Jeff and all other applications to Michelle. Thank you for taking the time to complete the application. Please update your availability in WhenToWork.