



**Fall 2024**

**New Employee Application**

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

Name (First, Middle, Last)	Email (please use your emich email address): <b>@emich.edu</b>
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Local Address  Street      City      State      Zip	Contact Number
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*If rehired, this information should match your When to Work profile.*

Home Address  Street      City      State      Zip	Phone Number
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Contact in case of emergency      Name of person      Relation to you	Phone Number
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**STUDENT STATUS**

EID (Student Number)	Number of credits hrs. registered (6 required)
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Class Standing (circle) Fr., Soph., Jr., Sr., Grad.	Anticipated Graduation Date _____
Are you presently employed by another EMU Dept. or will be by Fall '24?	YES or NO

Do you have work-study approval? If so, please add amount per semester	YES or NO      \$
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**CERTIFICATIONS** (CPR, First Aid, Lifeguard, etc.)

Please attach copy of certification

Certification: \_\_\_\_\_ Exp. Date \_\_\_\_\_

By initialing the following statements you acknowledge you will read the following and understand within one week of hire.

Discipline policy \_\_\_\_\_  
 Student Employee Handbook \_\_\_\_\_  
 Assigned job description \_\_\_\_\_  
 REC/IM Emergency Procedure Manual \_\_\_\_\_  
 Signed Confidentiality Statement and Michelle has on file \_\_\_\_\_  
 As a REC/IM employee, I will check my emich email daily \_\_\_\_\_

Will you be commuting to work more than a 15 minute drive?

YES or NO

Please describe briefly why you would like to work at the REC/IM:

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**Please select the top 3 areas that you would like to work.  
 (Supervisors and Lifeguards require prior certification.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Building Supervisor         | <input type="checkbox"/> Fitness Center Attendant | <input type="checkbox"/> Marketing/Graphic Design      |
| <input type="checkbox"/> Supervisor-in-training      | <input type="checkbox"/> Group Fitness Instructor | <input type="checkbox"/> Intramural Supervisor         |
| <input type="checkbox"/> Customer Service/Front Desk | <input type="checkbox"/> Personal Trainer         | <input type="checkbox"/> Intramural Official (Referee) |
| <input type="checkbox"/> Esports                     | <input type="checkbox"/> Lifeguard                | <input type="checkbox"/> Wellness Ambassador           |

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!**

**NOTE:** Your availability should match your "WHEN TO WORK" availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:30-7							
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							
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							
10-10:30							

**Once the REC/IM has received your application and employment is verified and accepted, you will receive a request from "WHEN TO WORK". Please be sure to complete this request or you will not be scheduled.**

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

Please submit completed applications to [rec\\_im@emich.edu](mailto:rec_im@emich.edu) or return completed applications to the front desk of the REC/IM.