



**Fall 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.

Name (First, Middle, Last)	Email (please use your emich email address):
	<b>@emich.edu</b>

Local Address	Contact Number
Street      City      State      Zip	
<small>If rehired, this information should match your When to Work profile.</small>	

Home Address	Phone Number
Street      City      State      Zip	

Contact in case of emergency	Name of person	Relation to you	Phone Number

**STUDENT STATUS**

EID (Student Number)	Number of credits hrs. registered (6 required)
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?	<b>YES or NO</b>
Do you have work-study approval? If so, please add amount per semester	
YES or NO      \$	

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

Please attach copy of certification

Certification:	Exp. Date
By initialing the following statements you acknowledge you have read and understand: 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 account daily _____	
Will you be commuting to work more than a 15 minute drive? <b>YES or NO</b>	

What things motivate you to continue working with 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 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.