

New Employee Application
Employment and placement will be based on employee work study and availability. Early morning, weekend, and cleaning shifts are essential to the success of our operation. We appreciate flexible, positive, energetic applicants that are passionate about wellness!

Name (First, Middle, Last)		Email (please use your emich email address):						
					@emich.edu			
Local Address				Contact Number	er			
Street	City State	Zip _{If}	hired, this	information should matcl	h your When to Work profile.			
Home Address		Phone Number			er			
Street	City State	Zip						
Contact in case of emergency	Name of person Relation	to you		Phone Numb	Phone Number			
STUDENT STATUS		CERTIFICATI	CERTIFICATIONS (Please attach a copy of certification with your application)					
Student Number of cre	Certification: Expiration							
Class Standing (circle)	Anticipated Graduation Date			atements acknowledg				
Fr. Soph. Jr. Sr. Grad	•	responsible to schedule training if hired to learn and comprehend: Discipline policy						
Are you presently er	nnloved by another	Student Employed Assigned job des		ook				
EMU Dept. or will you		REC/IM Emergency Procedure Manual						
YES	or NO	Signed Confident As a REC/IM em		ement vill check my emich ac	ccount daily			
Do you have work-study approval? If so, please add the dollar amount		Will you be o		a to work				
approved per semester.	more than a 15 minute drive?							
EMPLOYMENT HISTORY (Most recent first)							
Employer	Address (City & State)	Phone N	lumber Dates Employed		Supervisor Name & Title			
D	2112							
Position Held	Brief Description							
Employer	Address (City & State)	Phone N	lumber	Dates Employed	Supervisor Name & Title			
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Position Held	Brief Description	1						
-			_					
Please describe briefly	why you would like to w	ork at the RE	C/IM:					
					· · · · · · · · · · · · · · · · · · ·			
	nces for positions. Some position. Please note that some position.				s should submit the			
		s Center Attendant			Marketing/Graphic Design			
Front/Back Counter Attendant Group		Fitness Instructor		Esports	Esports			
Club Pool ID Checker Perso		onal Trainer		Intramural	Intramural Supervisor			
Jones Pool ID Checker Facilit		y maintenance		Intramural	Intramural Official (Referee)			

Lifeguard

Name:					•		(29 max)					
Accurately cro	oss out the tir	nes when yoເ	CANNOT wo	rk on the sch	nedule below	. Please allov	v time to get to and					
from class. Fo	or example, if	you have a cl	ass that ends	at 11:00, dor	n't say you ca	n start at 11:0	o. Instead, cross					
							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 <u>CANNOT</u> WORK!												
NOTE: Your availability should match your "WHEN TO WORK" availability.												
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
C	Widilday	Tuesday	Wednesday	Thursday	Filday	Saturday	Sulludy					
6:30-7												
<u>7-7:30</u> 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												
<u>7-7:30</u>												
<u>7:30-8</u>												
8-8:30												
8:30-9												
9-9:30												
9:30-10												
10-10:30												
10:30-11			+									
11:-11:30												
11:30-12												
Once the REG	C/IM has receive	ed your applicat	ion, information	n verified, inte	rviewed and hi	red, you will red	eive a request from					
	"WHEN TO	WORK". Pleas	e be sure to com	plete this requ	uest or you will	l not be schedul	ed.					
							OU ARE IN GOOD ACADEMIC					
							EST OF YOUR KNOWLEDGE. FROM THE RECREATION					
INTRAMURAL DEPA				·								

Please submit completed applications to rec_im@emich.edu

Date

Signature