

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 | | | | | | | |
| 10:30-11 | | | | | | | |
| 11-11:30 | | | | | | | |
| 11:30-12 | | | | | | | |

Once the REC/IM has received your application, information verified, interviewed and hired, 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