

# **Summer 2021**

## 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):	
				<b>@emich.edu</b>	
Local Address				Contact Number	

Street City State Zip *If hired, this information should match your When to Work profile.*

Home Address				Phone Number	
--------------	--	--	--	--------------	--

Street City State Zip

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

### STUDENT STATUS

### CERTIFICATIONS (Please attach a copy of certification with your application)

# of credits hrs. registered for Summer 2021	Certification:	Expiration
Class Standing (circle) Anticipated Graduation Date Fr. Soph. Jr. Sr. Grad. _____  Are you presently employed by another EMU Dept. or will you be Summer 2021? YES or NO	By initialing the following statements acknowledges that you will be responsible to schedule training if hired to learn and comprehend: Discipline policy _____ Student Employee Handbook _____ Assigned job description _____ REC/IM Emergency Procedure Manual _____ Signed Confidentiality Statement _____ As a REC/IM employee, I will check my emich account daily _____	
Do you have work-study approval? YES or NO If so, please add the dollar amount approved per semester. \$	Will you be commuting to work more than a 15 minute drive? YES NO	

### EMPLOYMENT HISTORY (Most recent first)

Employer	Address (City & State)	Phone Number	Dates Employed	Supervisor Name & Title
Position Held	Brief Description			

  

Employer	Address (City & State)	Phone Number	Dates Employed	Supervisor Name & Title
Position Held	Brief Description			

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

---



---



---

Indicate your top three preferences for positions. Some positions require additional training. Lifeguard candidates should submit the application specific to that position. Please note that some positions require additional certification.

- |                                   |                               |                                    |
|-----------------------------------|-------------------------------|------------------------------------|
| ____ Supervisor-in-training       | ____ Fitness Center Attendant | ____ Marketing/Graphic Design      |
| ____ Front/Back Counter Attendant | ____ Group Fitness Instructor | ____ Esports                       |
| ____ Club Pool ID Checker         | ____ Personal Trainer         | ____ Intramural Supervisor         |
| ____ Jones Pool ID Checker        | ____ Facility maintenance     | ____ Intramural Official (Referee) |

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
6-7							
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](mailto:rec_im@emich.edu)**