



FALL 2020

Returning Employee Application

(Please submit all applications to Alyssa M.)

Employment and placement will be based on returning employee work study And availability. Early AM, weekend and Building Service shifts are essential to our operation. We are looking for flexible staff!

Name (First, Middle, Last)		Email (please use your emich email address): @emich.edu	
Local Address		Contact Number	

Street City State Zip

If rehired, this information should match your When to Work profile.

Home Address		Phone Number	
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Street City State Zip

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

Student Number	Number of credits hrs. registered FA '20	CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.) Please attach copy of certification Certification: _____ Exp. Date _____
Class Standing (circle) Fr., Soph., Jr., Sr., Grad.	Anticipated Graduation Date _____	
Are you presently employed by another EMU Dept. or will be Fall '20? YES or NO		By initialing the following statements acknowledges that 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, will check my emich account daily _____
Do you have work-study approval? If so, please add amount per semester YES or NO \$		Will you be commuting to work more than a 15 minute drive? YES or NO
		Preferred form of communication: (rank in order of most (1) to least (3) preferred 1,2,3) _____ Email _____ Phone _____ Text

Supervisors and Lifeguards require prior certification.

Please select 3 areas that you would like to work.

Number positions in order of top 1, 2, 3 choices.

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|------------------------------|---------------------------------------|--------------------------------|
| _____ Building Supervisor | _____ Official/Referee | _____ Marketing |
| _____ Supervisor-in-Training | _____ IT Support Staff | _____ E-Sports |
| _____ Front Counter | _____ Building Services | _____ University Park Grounds |
| _____ Back Entrance | _____ Office Assistant | _____ Intramural Supervisor |
| _____ Fit Room Attendant | _____ Personal Trainer | _____ Group Fitness Instructor |
| _____ Field/Pool Maintenance | _____ 4 th Floor Attendant | _____ Club Pool ID Checker |

Please return all applications to Alyssa (*excluding Lifeguards*)

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 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. Thank you, Michelle

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