

## **LIFEGUARD**

## **Returning Employee Application**

(Please submit application to Jeff Norris)
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)	Ema	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				
Street City State	Zip					
Contact in case of emergency Name of person Relation	о уои	Phone Number				
STUDENT STATUS	CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.)					
Student Number Number of credits hrs. registered Summer B'20	Please attach copy of certification					
Notifiber of credits ins. registered Softliner b 20	Certification:	Exp. Date				
Class Standing (circle) Anticipated Graduation Date		statements acknowledges that you have read and understand:				
Fr., Soph., Jr., Sr., Grad.	Discipline policy					
	Student Employee Handbook Assigned job description REC/IM Emergency Procedure Manual					
Are you presently employed by another EMU Department or will be		ality Statement and Michelle has on file				
Summer B'20? YES or NO	As a REC/IM employee,	will check my emich account daily				
Do you have work-study approval? If so, please add amount per semester	Will you be commuting to work more than a 15 minute drive?					
YES or NO \$	YES or NO					
	Preferred form of comr	nunication: (rank in order of most (1) to least (3) preferred				
	Fmail	Phone Text				

## LIFEGUARD

Lifeguards require prior certification

amount of a	availability.							
	N		URATELY CR WHEN YOU ability should ma	<u>CANNOT</u> W	ORK!	availability.		
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<b>TO</b> IING THIS FO	WORK". Pleas RM, YOU WAIVE Y STANDING. YOU A	se be sure to co	n and employment of the second	u <b>est or you will</b> THE REC/IM PROFE I PROVIDED ON TH	not be sched	to verify that you	u, Michelle Du are in good a EST OF YOUR KNO	(CAD

Hours per week desired (29 max)

Name: \_\_\_