

LIFEGUARD

Please return this application to
Jeff Norris at jnorris3@emich.edu

New Employee Application

Employment and placement will be based on employee work study and availability. Early morning, and weekend 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 Street City State Zip				Contact Number	
Home Address Street City State Zip				Phone Number	
Contact in case of emergency		Name of person		Relation to you	
				Phone Number	
STUDENT STATUS Student Number Number of credits hrs. registered Summer '21 Class Standing (circle) Anticipated Graduation Date Fr., Soph., Jr., Sr., Grad. _____ Are you presently employed by another EMU department or will you be in Summer '21? YES or NO Do you have work-study approval? If so, please add amount per semester YES or NO \$			CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.) Please attach copy of certification Certification: Exp. Date 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 _____ Will you be commuting to work more than a 15 minute drive? YES or NO		

LIFEGUARD

Lifeguards require prior certification

Please return all Lifeguard applications to Jeff Norris

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 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.

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 jnorris3@emich.edu