

## Summer A 2020

## **New Employee Application**

Please submit all applications to Alyssa Miller

(Excluding Lifeguards)
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, East)				Email (pie	ase use your enficir enfa	ii duuless):		
						@emich.edu		
Local Address				l	Contact Numb	er		
Street	City S	tate	Zip			If hired, this information should match your When to Work profile.		
Home Address					Phone Number	r		
Street	City S	State	Zip					
Contact in case of emergency	Name of person	Relation to	you		Phone Number	r		
STUDENT STATUS			CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.)					
Charles March 1	n 6 15 1	I.C. CII.A	Please attach copy	of certification		5.		
Student Number	# of credits hrs. registered	d for SU-A 2020	Certification:		Exp	o. Date		
	Anticipated Grad							
Class Standing (circle)	By initialing the following statements acknowledges that you will be							
Fr., Soph., Jr., Sr., Grad.			responsible to schedule training with Michelle if hired to learn and comprehend: Discipline policy					
			Student Employe	 e Handboo	k			
	d FMID :		Assigned job description					
Are you presently employed by an	other EMU Dept. or wil	1 be Summer A 2020?	REC/IM Emergency Procedure Manual Signed Confidentiality Statement					
	`	ES or NO			ment :heck my emich accou	ınt daily		
Do you have work-study approval? If	so, please add amount	per semester			ting to work more the			
YES or NO \$								
12301110	\$ YES or NO Preferred form of communication: (rank in order of most (1) to least (3) preferred				f most (1) to least (2) preferred			
			1,2,3)	COMMINIONIC	ation. (rank in order o	ost (1) to least (3) preferred		
			Er	nail	Phone	Text		
EMPLOYMENT LUCTORY (M								
EMPLOYMENT HISTORY (M Employer	Address (City & Stat	۵۱	Phone Nu	ımher	Dates Employed	Supervisor Name & Title		
Limployer	Address (City & State	e)	1 Holle No	Jilibei	Dates Employed	Sopervisor Name & Title		
Position Held	Brief Description							
Please describe briefly w	hy you would lik	ke to work a	at the REC/IM:					
People who do not have work-study can st		,			during the semester. There	fore we will keep your application on		
file, although please keep checking with us Supervisors and Lifeg					umber positions in order of	top 1, 2, 3 choices.		
Supervisor-in-Training Official (re		eferee)		Marketing/G	_ Marketing/Graphic Design			
		rter/technology)			_ Front Counter Attendant			
Fitness Room Attendant Building S			_	Club Pool ID	_ Club Pool ID Checker			
Back Entrance Attendant Field/Park		<ul> <li>Maintenance</li> </ul>	_	Office Assist	_ Office Assistant*			
Personal Trainer		Group Fiti	ness Instructor	_	University P	ark Grounds		
Field/Pool Maintenance		4 <sup>th</sup> Floor C	Cleaning Attendar	nt	,			

		•	class that beg many hours,			•	to 12:00, and w
	,	ACCU	RATELY CR	OSS OUT	ТНЕ ТІМЕ	•	
N	OTE: Your	availability	should mat	ch your "W	HEN TO W	/ORK" avail	ability.
	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							
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							
nce the REC/ "WI NING THIS FOR ISCIPLINARY ST	HEN TO WORI M, YOU WAIVE YO FANDING. YOU A	K". Please be sour right to pri LSO ATTEST THAT	ure to complete VACY AND ALLOW THE INFORMATION	e this request or THE REC/IM PROFE N PROVIDED ON TH	Y <b>ou will not b</b> SSIONAL STAFF HIS APPLICATION	oe scheduled. T TO VERIFY THAT YOUS GIVEN TO THE B	OU ARE IN GOOD ACAI EST OF YOUR KNOWL
LSO UNDERSTA MURAL DEPAR		ICATION OF ANY I	NFORMATION, FOR	ANY REASON, WIL	L RESULT IN IMN	/IEDIA I E DISMISSAI	_ FROM THE RECREAT

Date

Signature

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

Name: \_

Hours per week desired\_\_\_