

Summer B 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, Last)			Email (please use your emich email address):							
							@emich.edu			
Local Address						Contact Numbe	r			
Street	City	State	Zip			1	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			CERTII	FICATION	IS (CPR F	irst Aid Lifequard etc.)				
STODENT STATOS			CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.) Please attach copy of certification							
Student Number # of credits hrs. registered for Summer B 2020			Certific	Certification: Exp. Date						
Class Standing (circle) Fr., Soph., Jr., Sr., Grad. Anticipated Graduation Date				By initialing the following statements acknowledges that you will be responsible to schedule training with Michelle if hired to learn and comprehend: Discipline policy Student Employee Handbook						
Are you presently employed by an	other EMU Dept. o	r will be Summer B		Assigned job description REC/IM Emergency Procedure Manual						
YES or NO			Signed Confidentiality Statement As a REC/IM employee, will check my emich account daily							
Do you have work-study approval? If	so, please add amo	unt per semester				uting to work more tha				
YES or NO \$					YES or NO					
			Preferre	Preferred form of communication: (rank in order of mo 1,2,3)			most (1) to least (3) preferred			
				En	nail	Phone	Text			
EMPLOYMENT HISTORY (Mo	Address (City & S			Phone Nu	mher	Dates Employed	Supervisor Name & Title			
Litipioyei	Address (City & 2	otate)		r none no	ilibei	Dates Employed	Supervisor Name & Title			
Position Held	Position Held Brief Description									
Please describe briefly wh	ı 1y you would	like to work	at the R	REC/IM:						
People who do not have work-study can sti file, although please keep checking with us Supervisors and Lifego	for availability. If you	have any questions,	please contac	t Michelle at 7	, 34-487-1338	3	. ,			
Supervisor-in-Training		referee)			Marketing/G	Marketing/Graphic Design				
E-Sports				uter/technology)		Front Counter Attendant				
Fitness Room Attendan	•		J ,			Club Pool ID Checker				
Back Entrance Attendar		_	rk Maintei			Office Assista	ant*			
Personal Trainer	_	Group Fi				University Pa	rk Grounds			
Field/Pool Maintenance 4 th Floor C				Attendan	+					

Please keep in mind that work study is required for all positions with an * Please return all applications to Alyssa Miller (excluding Lifeguards)

		•	class that beg many hours,			•	to 12:00, and w
	,	ACCU	RATELY CR /HEN YOU	OSS OUT	THE TIME	•	
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							
10:30-11							
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							
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11:30-12		<u> </u>					
"WI NING THIS FOR ISCIPLINARY ST	HEN TO WORI M, YOU WAIVE YO TANDING. YOU A	K". Please be s OUR RIGHT TO PRI LLSO ATTEST THAT	ure to complete VACY AND ALLOW THE INFORMATION	e this request or THE REC/IM PROFE N PROVIDED ON TH	r you will not b SSIONAL STAFF HIS APPLICATION	oe scheduled. TO VERIFY THAT YOUS GIVEN TO THE B	ceive a request from the comment of
MURAL DEPAR			5 (11014) 1 014				o THE NECKEAT

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___