



LIFEGUARD

New Employee Application

**Please submit this app to Jeff Norris
(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 Number	

Street City State Zip

If hired, 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

CERTIFICATIONS (CPR, First Aid, Lifeguard, etc.)

Please attach copy of certification

Student Number	Number of credit hrs. registered for WI '20	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 _____ Assigned job description _____ REC/IM Emergency Procedure Manual _____ Signed Confidentiality Statement _____ As a REC/IM employee, will check my emich account daily _____	
Are you presently employed by another EMU Dept. or will be WI'20? YES or NO		Will you be commuting to work more than a 15 minute drive? YES or NO	
Do you have work-study approval? If so, please add amount per semester YES or NO \$		Preferred form of communication: (rank in order of most (1) to least (3) preferred 1,2,3) ____ Email ____ Phone ____ Text	

EMPLOYMENT HISTORY (Most recent first)

Employer	Address (City & State)	Phone Number	Dates Employed	Supervisor Name & Title
Position Held	Brief Description			

Please describe briefly why you would like to work at the REC/IM:

People who do not have work-study can still be hired if their availability fits the REC/IM needs. Shifts tend to open at any time during the semester. Therefore we will keep your application on file, although please keep checking with us for availability. If you have any questions, please contact Michelle at 734-487-1338.

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.

LIFEGUARD

Please return all Lifeguards 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
6:30-7							
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, information verified, interviewed and hired, you will receive a request from "WHEN TO WORK". Please be sure to complete this request or you will not be scheduled. Thank you!

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