

Returning Employee Application

(Please submit all applications to Alyssa M.)
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!

			T = 11.1			
Name (First, Middle, Last)			Email (please use	your emich email add	dress):	
					@emich.edu	
Local Address				Contact Number		
Stroot City	State	Zip			If rehired, this information should match	
Street City	State	Zip			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		
		•				
		T				
		CERTIFIC	,	CPR, First Aid, Lif	eguard, etc.)	
STUDENT STATUS		Please attach copy of	f certification			
Student Number Number of credits I	hrs. registered WI '20	Certification:			Exp. Date	
Class Standing (circle) Anticipa	ated Graduation Date	By initialing the follow	wing statements cal-	noveledges that you l	nave read and understand:	
Fr., Soph., Jr., Sr., Grad.	ated Graduation Date	Discipline policy _			lave read and understand.	
		Student Employee		_		
Are you presently employed by another EMU Dept. YES or NO	or will be Winter '20?	Assigned job descri REC/IM Emergen		ıual		
1125 01 110		Signed Confidentia	lity Statement and	l Michelle has on f		
Do you have work-study approval? If so, please add amou	ınt per semester	As a REC/IM emp				
YES or NO \$	Will you be commuting to work more than a 15 minute drive?					
1113 01 140		YES or NO Preferred form of communication: (rank in order of most (1) to least (3) preferred.			st (1) to least (3) preferred 1,2,3)	
			mail	Phone	Text	
		13.		_ 1 110110	Text	
Supervisor	s and Lifeon	ards require	nrior certi	ification.		
	_	that you wo	_			
		n order of to				
Tumbe	i positions i	ii order or to	p 1, 2, 3 cm	oices.		
Supervisor	Club Po	ol ID checker		Do you have Graphic Design skills?		
Front Counter	Univ. Park Grounds			Are you a Marketing Major/Minor?		
Fitness Room Attendant	Building	g Maintenance ^{>}	k			
Field Maintenance	Graphic Graphic	Design				
Group Fitness Asst.*	Group F	itness Instruct	or	Computer/technology		
Office Assistant		l Trainer		Representin	g dept. at events	
					O 1	

Please keep in mind that work study is required for all positions with an *

Name:	Hours per week desired (29 max)				
Accurately cross out the times when you CANNO	T 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 VOIL CANNOT WORK!					

WHEN YOU <u>CANNOT</u> 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:-11:30							

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. Thank you, Michelle

BY SIGNING THIS FORM, YOU WAIVE YOUR RIGHT TO) PRIVACY AND ALLOW THE REC/IM PR	ROFESSIONAL STAFF TO VERIFY THAT YOU AR	RE IN
GOOD ACADEMIC AND DISCIPLINARY STANDING. Y	OU ALSO ATTEST THAT THE INFORMAT	ITON PROVIDED ON THIS APPLICATION IS GIV	EN TO
THE BEST OF YOUR KNOWLEDGE. YOU ALSO UNDER	STAND THAT FALSIFICATION OF ANY	INFORMATION, FOR ANY REASON, WILL RESU	LT IN
IMMEDIATE DISMISSAL FROM THE RECREATION INT	RAMURAL DEPARTMENT.		

Signature Date