



Application Date: _____

Part-Time
Employment Application
 Department of Recreation Services

PERSONAL INFO

Name _____
 Local Address _____
 City _____ State _____ Zip _____ Local Phone _____
 Permanent Address _____
 City/Country _____ State _____ Zip _____ Local Phone _____
 Redhawks ID Number _____ E-Mail _____

EDUCATIONAL HISTORY

Classification (*circle one*): Freshman Sophomore Junior Senior Graduate
 Expected Graduation Date: _____
 Major _____
 Minor _____

EMERGENCY CONTACT

Person to notify in case of emergency:
 Name _____
 Address _____ City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____

GENERAL INFORMATION

1. Do you currently participate in Recreation Services activities? ___ Yes ___ No If yes, what activities? _____
2. Have you ever been employed by Recreation Services? ___ Yes ___ No If yes, positions held and dates of employment _____
3. Are you currently employed by any other department at Southeast? ___ Yes ___ No If yes, how many hours do you work? _____
4. How did you hear about the position? ___ Word of Mouth ___ Staff Member (*please specify*) _____
5. How many hours can you work per week? ___ 3-9hrs. ___ 10-15hrs. ___ 16-20hrs. ___ Other (*please specify*) _____
6. Please check the time of day that you are available to work
 ___ Morning: 6am-Noon ___ Afternoon: Noon- 6pm ___ Evening: 6pm-11pm

PREVIOUS EMPLOYMENT

Employer's name, address and phone	Employment Dates To and From (<i>month/year</i>)	Your position, duties, and supervisors name (<i>for reference check</i>)

POSITIONS • Use this application to apply for all interested areas of employment. Resume and copy of certification preferred, if available.

Refer to Recreation Services Employment Opportunities website at: www4.semo.edu/recsports for job descriptions. Minimum one-year commitment preferred. Please prioritize your choice of job by indicating what positions you would like to apply for in the appropriate box. All positions require CPR, and certifications where noted. These certifications can be acquired through Recreation Services if you are hired, but are not necessary to apply. These certifications will prepare you to properly handle emergencies at our facilities.

FACILITIES

Facility Supervisor • *Resume Required*
 Operations Center • *Front Desk Attendant*
 Activity Attendant
 Equipment Maintenance
 Main Office Assistant

AQUATICS

Lifeguard • *Certification required*
 Swim Instructor

FITNESS/ WELLNESS

Personal Trainer • *Resume Required, Additional certifications: Personal Training*
 Group Fitness Instructor • *Additional certifications: Group Exercise*

INTRAMURAL SPORTS

Intramural Sports/ Special Event Official • Training is provided.
 Intramural Sports/ Special Event Supervisor

OUTDOOR

Outdoor Shop
 Climbing Wall

REDHAWKS KIDS CAMP COUNSELOR

Summers only • *Supplemental application also required*

YOUTH AND FAMILY POSITIONS

Instructional Clinic Counselor

List Positions you are applying for:	
1.	_____
2.	_____
3.	_____
Please check the certifications you currently have and include expiration dates where relevant:	
___ Child & Infant CPR:	Exp. Date: _____
___ Adult CPR:	Exp. Date: _____
___ First Aid:	Exp. Date: _____
___ AED:	Exp. Date: _____
___ Group Exercise: (ACSM, ACE, AFFA, OTHER)	
___ Certified Personal Trainer: (ACSM, ACE, AFFA, etc.)	
___ Other:	_____

MARK AN "X" THROUGH THE TIMES YOU HAVE CLASSES OR CANNOT WORK.

	MON	TUE	WED	THUR	FRI	SAT	SUN
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							

SIGNATURE AND AUTHORIZATION

I certify that the above statements are correct, and if employed, understand that any false information in this application will be sufficient grounds for termination. I further agree that all policies, procedures, and regulations authorized by the Board of Regents shall constitute a part of my appointment or employment. I understand that the University will conduct a complete criminal background check and I authorize the University to do so. I understand that if offered employment, it is conditional upon the outcome of the background investigation and it relates to my suitability for the employment I seek. I further authorize the University to check all information contained on the application. I hereby and forever release from any liability former employers and others who provide reference information and assessments of my work history. I further authorize educational institutions and schools to provide my education credentials if asked by Southeast Missouri State University.

Signature: _____ **Date:** _____

Applications will be kept on file for one semester only.