

Today's Date: _____

APPLICANT INFORMATION

Name: _____ UHID #: _____
Last First Middle

Current Address: _____ Permanent Address: _____

Phone: _____ E-mail: _____

Year in School (circle one) FR SO JR SR GR Anticipated Graduation (Month/Year): _____

Major: _____ Minor: _____ Current GPA: _____

CHECK POSITION(S) AND SEMESTER FOR WHICH YOU ARE APPLYING

* Additional Certifications or Licenses Required

- | | | | |
|---|--|--|--|
| Aquatics
____ Lifeguard*
____ Water Safety Instructor* | Fitness
____ Fitness Zone Attendant
____ Group Fitness Instructor*
____ Personal Trainer* | Outdoor Adventure
____ Climbing Wall Attendant
____ Rental Assistant
____ Trip Leader* | Rec Sports & Family Programs
____ Sport Official
____ Office Assistant
____ Sport Club Supervisor
____ Camp Counselor (summer only) |
| Operations
____ Office Assistant
____ Welcome Desk Attendant
____ Maintenance Assistant | Marketing & Promotions
____ Graphic Designer
____ Street Team/Promotions
____ Videographer
____ Web Content Assistant | Member Services
____ MS Attendant
____ Program Assistant
____ Office Assistant | |

Which semester are you applying for? FALL _____ SPRING _____ SUMMER _____

PLEASE SPECIFY WHEN YOU ARE AVAILABLE TO WORK

Please check all that you are available to work, these are not necessarily the hours you will work

Day	6am-9am	9am-12pm	12-3pm	3-6pm	6-9pm	9pm-12am
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

EMPLOYMENT QUESTIONS

How did you find out about this opportunity?

____ Posted Notice ____ Job Fair ____ CoogNews ____ IMLeagues.com ____ Campus Recreation Website
____ Twitter ____ Facebook ____ Instagram ____ Newspaper ____ Walk-in

____ Referred by someone Whom: _____ Other _____

EMPLOYMENT QUESTIONS

Are you enrolled in class at UH? Yes No

Are you College Work Study eligible? Yes No Allocation Amount \$ _____

Do you currently work on campus? Yes No Where and hours per week? _____

PLEASE CHECK ALL CERTIFICATIONS YOU MAINTAIN

	CERTIFICATION ORGANIZATION	EXPIRATION DATE
<input type="checkbox"/> CPR/AED (American Red Cross)	_____	_____
<input type="checkbox"/> Standard First Aid	_____	_____
<input type="checkbox"/> Lifeguard	_____	_____
<input type="checkbox"/> WSI (Water Safety Instructor)	_____	_____
<input type="checkbox"/> Certified Sports Official	Which Sports: _____	
<input type="checkbox"/> Group Exercise Instructor	_____	_____
<input type="checkbox"/> Personal Training Certification	_____	_____
<input type="checkbox"/> Other _____	_____	_____

*Be prepared to present a copy of all certifications

WORK EXPERIENCE

Employer Name:	Job Title:	Dates Employed:
Supervisor Name:	Supervisor Phone:	Do you give permission for UH Campus Recreation to contact this employer? Y N
Work Performed:		

Employer Name:	Job Title:	Dates Employed:
Supervisor Name:	Supervisor Phone:	Do you give permission for UH Campus Recreation to contact this employer? Y N
Work Performed:		

OFFICE USE ONLY

Hiring for Position: _____ Semester: _____ Year: _____

Date completed personal data (3): _____ Date completed I-9 : _____ Foreign National Tax Form & Visa Copies : _____

NCWS: _____ Pay Rate 1: _____ Pay Rate 2: _____ Pay Rate 3: _____ Criminal History Clearance: _____

CWS: _____ Pos No 1: _____ Pos No 2: _____ Pos No 3: _____ Date approved to begin work: _____

Hiring Manager: _____ Extension: _____
Print Name *Signature*