



EMPLOYMENT APPLICATION

Thank you for your interest in employment with Campus Recreation. To be considered for employment, you must complete this form in its entirety, front and back. Applications are kept on file for one semester. Positions are only available to UMass students who are eligible for student employment.

To submit your application, you must provide:
1 copy of your class schedule
2 copy of work-study award amount

If you have not yet worked on campus:
3 passport OR
original birth certificate or social security card AND photo ID

Please print clearly!

Date of Application _____ Employment for fall semester spring semester
 intersession summer

Position member services first aid (intramural sports)
 equipment/towel desk EMT (intramural ice hockey)
 facility/building supervisor fitness instructor/personal training
 office assistant lifeguard

Number of Hours Desired Per Week _____

Personal Information

Last Name First Name SPIRE#

Local/Campus Address

Cell Phone Alternate Phone Email @student.umass.edu

UGrad/Grad Work Study (Yes/No) Work Study Award (\$ Amount)

Year in School/Major Anticipated Grad Month/Year

Have you been or are you currently employed in any other department as a UMass student employee?

No _____ Yes _____ Department(s) _____

Currently _____ Previously _____

Why are you interested in working for Campus Recreation?

How did you hear about employment opportunities with Campus Recreation?

What qualities/strengths/experience do you feel you would bring to Campus Recreation?

Current Certifications (Check all currently held; a copy of each certification must be provided when application is submitted for fitness instructor, lifeguard, first aid & EMT)

First Aid/CPR Certifications:

- American Red Cross Community First Aid
- American Red Cross Standard First Aid
- American Red Cross CPR/AED for the Professional Rescuer
- American Red Cross Adult CPR/AED
- Other _____

Lifeguard/Water Safety Training:

- American Red Cross Lifeguard/First Aid
- YMCA
- Water Safety Instructor
- Lifeguard Instructor
- Other _____

Group Fitness/Personal Training (please specify):

- AFAA _____
- ACSM _____
- ACE _____
- Other/Specialty _____

Previous Work Experience

1. _____

Company Name	Dates of Employment
Job Title	Contact Name & Phone Number

2. _____

Company Name	Dates of Employment
Job Title	Contact Name & Phone Number

Schedule Availability (Cross out time blocks you **CANNOT** work)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7am							
7-8am							
8-9am							
9-10am							
10-11am							
11am-noon							
noon-1pm							
1-2pm							
2-3pm							
3-4pm							
4-5pm							
5-6pm							
6-7pm							
7-8pm							
8-9pm							
9-10pm							
10-11pm							
11-midnight							

If hired by Campus Recreation, I will be held to the appropriate standard for employee conduct. Further, I am responsible to enforce all regulations & policies relative to the employment position as outlined in the job description and/or employee manual and/or during orientation. Failure to do so could result in my dismissal. My work study award will be encumbered by Campus Recreation for my employment position.

Signature Date

OFFICE USE **HIRED YES** _____ **NO** _____ **POSITION(S)** _____