



# RECREATION STUDENT EMPLOYMENT APPLICATION

## Student Information

Undergraduate	Yes	No	Are you receiving financial aid?	Yes	No
Graduate	Yes	No	Do you qualify for Work Study?	Yes	No

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age \_\_\_\_\_ CWID \_\_\_\_\_ Major \_\_\_\_\_

Student's Email \_\_\_\_\_ Phone \_\_\_\_\_  
(Home/Cell)

Current Address \_\_\_\_\_  
(Number and Street) (City, State, Zip)

Expected Date of Graduation \_\_\_\_\_ Marital Status \_\_\_\_\_

Full Time Yes No Hours Enrolled \_\_\_\_\_ GPA \_\_\_\_\_

## Employment History

List two previous employers

Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
(City) (State) (Zip)

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
(City) (State) (Zip)

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Qualifications for this position \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature \_\_\_\_\_ Referred by \_\_\_\_\_

**Emergency Information**

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Emergency Contact Name\_\_\_\_\_

Relationship\_\_\_\_\_Phone\_\_\_\_\_

(Home/Cell)

Current Address\_\_\_\_\_

(Number and Street)

(City, State, Zip)

Are there any health conditions that may prevent you from performing specific duties? Yes No

If "Yes", please explain the condition and any limitations:

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Are there any special needs that you may require at this facility? Yes No

If "Yes", please explain the condition and any limitations:

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