

POSITION(S) YOU ARE APPLYING FOR:

- | | | |
|--|---|--|
| <input type="checkbox"/> Welcome Desk Supervisor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Peer Health Educator |
| <input type="checkbox"/> Free Weight Room Supervisor | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Land Aerobics Instructor |
| <input type="checkbox"/> Fitness Area Supervisor | <input type="checkbox"/> CPR/FA Instructor | <input type="checkbox"/> Water Aerobics Instructor |
| <input type="checkbox"/> Climbing Wall Supervisor | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Dance Instructor _____
specialty |
| <input type="checkbox"/> Outdoor Rec Desk/Equip Rm Asst | <input type="checkbox"/> Web Development/Computer | <input type="checkbox"/> Martial Arts _____
specialty |
| <input type="checkbox"/> Equipment/Field Maintenance | <input type="checkbox"/> Marketing/Graphic Design | <input type="checkbox"/> Instructor _____
golf, tennis, other |
| <input type="checkbox"/> Intramural Sports, officials hired for each league sport; must attend Officials' meeting; talk with Intramural Coordinator for potential supervision role | | <input type="checkbox"/> Personal Trainer |

CURRENT CERTIFICATIONS AND EXPIRATION DATE:

Date Certified

Expiration Date

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Lifeguarding Certification | _____ | _____ |
| <input type="checkbox"/> Lifeguarding Instructor Certification | _____ | _____ |
| <input type="checkbox"/> WSI Certification | _____ | _____ |
| <input type="checkbox"/> CPR for Professional Rescuer | _____ | _____ |
| <input type="checkbox"/> CPR Certification | _____ | _____ |
| <input type="checkbox"/> First-Aid | _____ | _____ |
| <input type="checkbox"/> AED / OXYGEN Admin. (please circle) | _____ | _____ |
| <input type="checkbox"/> ACE, AFAA, or other Personal Trainer Certification | _____ | _____ |
| <input type="checkbox"/> Nat'l Strength/Conditioning Cert: CSCS, NSCA-CPT | _____ | _____ |
| <input type="checkbox"/> American College of Sports Medicine Certification | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |

COMPUTER SKILLS:

- Yes, I have solid computer skills. My experience includes: _____
- _____

CUSTOMER SERVICE EXPERIENCE:

- Past employment, responsibilities and type of business: _____
- Volunteer experience, indicate what: _____
- Class or training completed: _____

INDICATE YOUR PAST EMPLOYMENT:

Job Title	Employer/Location	Dates of Employment	Duties

If necessary, please attach additional sheets or resume. Applications are kept on file for one academic year.