

STUDENT A # _____

RETURNED DATE: _____

INTERVIEW DATE/TIME: _____

VINCENNES UNIVERSITY
RECREATIONAL SPORTS FACILITIES
APPLICATION

NAME _____ M OR F

FIRST MIDDLE LAST
CURRENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CURRENT PHONE: () _____ PERMANENT PHONE: () _____

EMAIL ADDRESS: _____

AGE: _____ BIRTHDATE: _____ AVAILABLE: FALL _____ SPRING _____ SUMMER _____

HOW LONG HAVE YOU ATTENDED V. U.? _____

HAVE YOU WORKED FOR THE UNIVERSITY BEFORE? _____ IF YES, WHERE? _____

WHO WAS YOUR SUPERVISOR? _____

WORK STATUS: (CHECK ONE) _____ COLLEGE WORK STUDY PROGRAM _____ PART-TIME

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK? _____

WORK STUDY GRANT TOTAL: _____

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CHECK THE CERTIFICATIONS YOU CURRENTLY HOLD:

- _____ Red Cross Lifeguard Expiration Date: _____
- _____ Red Cross Head Guard Expiration Date: _____
- _____ Red Cross Waterfront Expiration Date: _____
- _____ Red Cross WSI Expiration Date: _____
- _____ First Aid Expiration Date: _____
- _____ Adult CPR Expiration Date: _____
- _____ Infant & Child CPR Expiration Date: _____
- _____ Other _____ Expiration Date: _____

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SCHEDULE OF CLASSES FOR SEMESTER

Put an "X" through the hours you are in class or cannot work. Leave open those slots for hours you can be scheduled.

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM 7:00							
8:00							
9:00							
10:00							
11:00							
PM12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

ARE YOU WILLING TO WORK WEEKEND HOURS? _____

ARE YOU WILLING TO SUBSTITUTE ON OTHER WORK SHIFTS? _____

BRIEFLY EXPLAIN WHY YOU SHOULD BE HIRED RATHER THAN SOME OTHER APPLICANT: _____

PLEASE LIST EXTRACURRICULAR ACTIVITIES: _____

WHY DO YOU WANT TO WORK AT THE PHYSICAL EDUCATION COMPLEX? _____

LIST PAST JOB EXPERIENCE: _____

PLEASE LIST A LOCAL PERSONAL REFERENCE: _____

	NAME
_____	_____
TELEPHONE	RELATION

PROFESSIONAL ENDEAVORS: (PLEASE LIST YOUR PROFESSIONAL GOALS IN LIFE.) _____

HOBBIES OR TALENTS YOU POSSESS: _____

DECLARED FIELD OF STUDY: _____

DATE YOU RECEIVED THIS APPLICATION: _____

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

COMMENTS: _____

RECOMMENDED FOR HIRE ON: _____ SHIFT: _____

NOT RECOMMENDED FOR HIRE: _____