

**WILLIAM PATERSON UNIVERSITY RECREATIONAL SERVICES
EMPLOYEE APPLICATION**

Position(s) desired: _____

Name: _____ Banner #: **855** _____

Date _____ Fall _____ Spring _____ Summer I _____ Summer II _____

Campus Address: _____ Cell Phone Number: _____

Home Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Class: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Graduate: _____

Estimated Year of Graduation: _____ Major: _____ Minor: _____

Are you presently working at William Paterson University? _____

If so, where: _____ Length of time: _____

Have you applied at the Rec Center before? _____ If so when? _____

Previous Employment: (Please list Employer, Phone Number, Position Held, Date(s) of Employment)

1 _____

2 _____

List Two On-Campus References (Please include Name, Relationship, Telephone Number)

1 _____

2 _____

Why are you applying for a position with the Recreation Center? What contributions do you feel you can make as a member of the staff?

I hereby certify that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will be cause for rejection of appointment or dismissal after appointment.

Signature: _____

For Office Use Only: *Orientation* *Job Fair* *Rec Center* *Other*

Interview Date & Time

Interviewer's Signature

Date Hired

WILLIAM PATERSON UNIVERSITY RECREATIONAL SERVICES EMPLOYEE SCHEDULING FORM

Name _____ **BANNER # 855** _____ Date _____

___ Fall ___ Spring ___ Summer I ___ Summer II Estimated Graduation Date: _____

On-Campus Address: _____ **Cell/Home Phone:** _____

E-mail Address: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Position Desired

- ___ Aerobics Leader
- ___ Arena Supervisor
- ___ Building Manager
- ___ Control Desk Attendant
- ___ FA/CPR Instructor
- ___ Intramural Official
- ___ Lifeguard
- ___ Swimming Instructor
- ___ Weight/Fitness Room Attendant
- ___ Concessions Attendant
- ___ Fitness Center Staff

Current Certifications

- ___ First Aid Expires _____
- ___ CPR/AED Expires _____
- ___ LGT Expires _____
- ___ WSI Expires _____
- ___ EMT A/B Expires _____
- ___ ACSM Expires _____
- ___ ACE/AFAA Expires _____
- ___ CSCS/NSCA Expires _____
- ___ Other Expires _____

***Please indicate your class/meeting schedule by placing an "X" in the appropriate time slot.**

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00-8:00							
8:00-9:15							
9:30-10:45							
11:00-12:15 noon							
12:30-1:45							
2:00-3:15							
3:30-4:45							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							