

**SAM HOUSTON STATE UNIVERSITY
DEPARTMENT OF RECREATIONAL SPORTS
STUDENT EMPLOYMENT APPLICATION**



DATE: _____

Phone: 936-294-1985
Fax: 936-294-1913

Applying for work in:

<input type="checkbox"/> FALL 20_____	<input type="checkbox"/> SUM I 20_____
<input type="checkbox"/> SPRING 20_____	<input type="checkbox"/> SUM II 20_____

Please check area(s) / position(s) of interest. Job descriptions are detailed at <http://www.shsu.edu/~rca> [www/employment.html](http://www.employment.html)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> AQUATICS | <input type="checkbox"/> INFORMAL RECREATION | <input type="checkbox"/> OUTDOOR RECREATION | <input type="checkbox"/> COLISEUM |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> HKC Staff | <input type="checkbox"/> Equipment Repair | <input type="checkbox"/> Event Staff |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Equipment Rental | <input type="checkbox"/> Operations Staff |
| <input type="checkbox"/> INTRAMURALS | <input type="checkbox"/> WELLNESS | <input type="checkbox"/> Trip Leader | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Personal Training | | |
| <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Group Fitness Instructor | | |
| <input type="checkbox"/> Scorekeeper | | | |
| <input type="checkbox"/> Official* | | | |

***List Sports:**

Last Name	First Name	Middle	Social Security Number
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Local Address	City/State	Zip Code
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Permanent Address	City/State	Zip Code
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Date of Birth	Local Phone	Permanent Phone
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Related work experience:

References: (Preferably, a former employer)

1. Name	Title	Phone #
Address	City	State/Zip

2. Name	Title	Phone #
Address	City	State/Zip

College Major _____	Classification	FR	SO	JR	SR	GR
Hours enrolled this Semester _____	Expected Date of Graduation: _____ / _____ / _____					

(Continued on back)

Please check current certifications you maintain:

<input type="checkbox"/> Cardio-Pulmonary Resuscitation (CPR)	EXPIRATION DATE:
<input type="checkbox"/> Basic First Aid	EXPIRATION DATE:
<input type="checkbox"/> Lifeguard Training	EXPIRATION DATE:
<input type="checkbox"/> Personal Training Type:	EXPIRATION DATE:
<input type="checkbox"/> Group Fitness Type:	EXPIRATION DATE:
<input type="checkbox"/> Registered Sports Official*	EXPIRATION DATE:

*List Sports:

LIST ANY OTHER CERTIFICATIONS, TRAINING, OR SPECIAL SKILLS IN RECREATION, HEALTH, OR WELLNESS:

OUTDOOR SKILLS- Please note any experience, skills, training, or certifications in such pursuits as; backpacking, canoeing, fishing, mountain biking, rock climbing, and adventure racing.

Are you currently holding an on-campus job? _____ Yes _____ No If yes, Where? _____

Number of hours per week you would like to work :(Circle One) 5-10 10-15 15-20

Please indicate days/times you are **not** available:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Note:

I am aware of the fact that this application will be kept on file at Recreational Sports only for the semesters I have indicated on the application. Should my local address or phone number change, it will be my responsibility to update this application. I give authorization for references to release any requested information necessary for this application to be processed.

Signature: _____

