



STUDENT EMPLOYMENT APPLICATION

Date: _____

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

Please check area(s) / position(s) of interest. Job descriptions are detailed at

<http://www.shsu.edu/dept/recreational-sports/employment.html>

- | | | | |
|--------------------------------------|---|--|--|
| AQUATICS | INFORMAL RECREATION | REC SPORTS OFFICES | COLISEUM |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> RSC Staff | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Event Staff |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Maintenance | | <input type="checkbox"/> Operations Crew |
| University Camp | FITNESS | MARKETING | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Graphic Artist | <input type="checkbox"/> Sound Technician |
| | <input type="checkbox"/> Group Fitness Instructor | <input type="checkbox"/> Photographer/Videographer | <input type="checkbox"/> Concession Stand |
| CLUB SPORTS | INTRAMURALS | <input type="checkbox"/> Ambassador | OUTDOORS |
| <input type="checkbox"/> Field Crew | <input type="checkbox"/> Student Sports Official | | <input type="checkbox"/> See separate application in |
| Personal Information | *See website for clinic dates | | RSC162 or Online |

| | | | |
|-------------------|-------------|-----------------|----------------------|
| Last Name | First Name | Middle | Sam ID and Sam Email |
| <hr/> | | | |
| Local Address | City/State | Zip Code | |
| <hr/> | | | |
| Permanent Address | City/State | Zip Code | |
| <hr/> | | | |
| Date of Birth | Local Phone | Permanent Phone | |

| | |
|--------------------------|---|
| College Major _____ | Classification: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GR |
| Hours enrolled in: _____ | Expected Graduation Date: _____ |

Have you been awarded work study through the SHSU Financial Aid Work Study Program?
 Yes No Not Sure

NOTE: If you are not sure, please check with the financial aid office, work study program coordinator.

- Did you find out about Recreational Sports Employment on JOBS4KATS? Yes No
- Are you currently holding an on-campus job? Yes No
 If Yes, where? _____ Number of Hours per week _____
- Are you currently holding an off-campus job? Yes No
 If Yes, where? _____

SAM HOUSTON STATE UNIVERSITY
RECREATIONAL SPORTS DEPARTMENT

Previous Work Experience:

Company: _____ Position Held: _____

Reference:

| | | |
|---------|-------|-----------|
| 1. Name | Title | Phone # |
| Address | City | State/Zip |

Company: _____ Position Held: _____

Reference:

| | | |
|---------|-------|-----------|
| 2. Name | Title | Phone # |
| Address | City | State/Zip |

Please check certifications you currently hold:

| | |
|---|------------------|
| <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"/> List any other certifications, training, special skills, or any other work related experience: | EXPIRATION DATE: |

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 semester. 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, including a background check conducted by an outside agency, arranged by Human Resources.

Signature: _____

Pre-Offer Protected Veteran Self-Identification Form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) *"disabled veteran"* is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

(2) *"recently separated veteran"* means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An *"active duty wartime or campaign badge veteran"* means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An *"Armed forces service medal veteran"* means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY

Print Name

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.