**Florida Atlantic University Department of Campus Recreation**

### Employment Application

Date: Check all that you are available to work: Fall Semester Winter Break

 Spring Semester Spring Break Summer

**Please submit a cover letter and resume with this application. Applicants who submit incomplete applications will not be considered for employment. All applications are considered active for 90 days. For consideration after that time, you must reapply.**

# Personal Data (Please type or print clearly and complete all sections in full.)

First Name MI Last Name Student Z#

Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email Address

 \_\_ Yes / No Yes / No Yes / No

Yr in School Major GPA at least 2.5? Enrolled in at least 6 credits? Expected Date of Graduation Work Study Grant

Have you previously worked for FAU as a student employee? Yes No

If so, which department? Dates of employment: from to

**Desired Position**

\_\_\_\_ Rec Desk Staff \_\_\_\_ Group Fitness Instructor \_\_\_\_ Personal Trainer

# Certifications (Check all current certifications you have earned. You must provide a copy of each certification.)

***CPR, AED, and First Aid Certifications*:**  ***Group Fitness Personal Training:***

 Adult CPR AFAA NSCA ACSM

 Infant and Child CPR ACE NASM

 AED Essentials Other \_\_\_\_\_\_\_\_\_\_\_ ACE

 Community First Aid and Safety

 Standard First Aid

 Other:

 Other:

**Describe any leadership experiences and/or extracurricular activities related to this position:**

**What are your qualifications, strengths or special skills related to this application?**

**Tell us why you believe you are an excellent candidate for this position.**

**Why do you want to work for Campus Recreation?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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I authorize investigation of all matters contained in this application, certify that all statements made by me on this

application are correct to the best of my knowledge and belief, and agree that if any misrepresentation has been made

by me herein, or if the results of such an investigation are not satisfactory, an offer of employment made may be

withdrawn, or my employment terminated without any obligation of liability to me other than for payment at the rate

agreed upon for the services actually performed if I have been employed. I authorize my former employers, educational

institutions, and other individuals to information concerning me, whether or not it is on their records, and I release them

and their companies from any liability whatsoever. I understand that the Department of Campus Recreation may

terminate me at any time for any reason, with or without notice. I understand that any oral or written statement to the

contrary may be expressly disavowed and should not be relied upon by me. I further understand that all appointments

are probationary, during which time I must demonstrate my fitness for continued employment. In the event of

employment, I agree to abide by all present and subsequently issued rules of the Department. I understand that

employment with the Department of Campus Recreation may require working weekends, early morning, and/ or late

evening shifts, and if employed, I agree to work any hours for which I am scheduled.

**Signature** **Date**

Please return this application, copies of relevant certifications, résumé and cover letter to FAU Recreation & Fitness Center by email to BrowardWellness@fau.edu • 3200 College Avenue BC-51 • Davie, FL 33314 • Fax: (954) 236-1270

For more information, call (954) 236-1018 or visit us on the web at [www.fau.edu/student/broward/wellnessbroward/](http://www.fau.edu/student/broward/wellnessbroward/)

Revised 01/07/14

Weekly Availability for \_\_\_\_\_\_\_\_\_\_\_ Semester

Please indicate availability by marking (“X”) the time slots that you are **NOT** available to work.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hour\Day** | **Monday**  | **Tuesday** | **Wednesday**  | **Thursday** | **Friday**  | **Saturday** |
| **6:45-7:30** |  |  |  |  |  |  |
| **7:30-8:00** |  |  |  |  |  |  |
| **8-8:30** |  |  |  |  |  |  |
| **8:30-9** |  |  |  |  |  | **8:45AM** |
| **9-9:30** |  |  |  |  |  |  |
| **9:30-10** |  |  |  |  |  |  |
| **10-10:30** |  |  |  |  |  |  |
| **10:30-11** |  |  |  |  |  |  |
| **11-11:30** |  |  |  |  |  |  |
| **11:30-12** |  |  |  |  |  |  |
| **12-12:30** |  |  |  |  |  |  |
| **12:30-1** |  |  |  |  |  |  |
| **1-1:30** |  |  |  |  |  | **1:15PM** |
| **1:30-2** |  |  |  |  |  |  |
| **2-2:30** |  |  |  |  |  |  |
| **2:30-3** |  |  |  |  |  |  |
| **3-3:30** |  |  |  |  |  |  |
| **3:30-4** |  |  |  |  |  |  |
| **4-4:30** |  |  |  |  |  |  |
| **4:30-5** |  |  |  |  | **5:15PM** |  |
| **5-5:30** |  |  |  |  |  |  |
| **5:30-6** |  |  |  |  |  |  |
| **6-6:30** |  |  |  |  |  |  |
| **6:30-7** |  |  |  |  |  |  |
| **7-7:30** |  |  |  |  |  |  |
| **7:30-8:15** |  |  |  |  |  |  |

Name: Local Phone #’s:

E-Mail: Requested hrs/wk: min. max.

Any special requests: