

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

Yr in School Major GPA at least 2.5? Yes / No Enrolled in at least 6 credits? Yes / No Expected Date of Graduation Work Study Grant Yes / No

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:

- Adult CPR
- Infant and Child CPR
- AED Essentials
- Community First Aid and Safety
- Standard First Aid
- Other: _____
- Other: _____

Group Fitness

- AFAA
- ACE
- Other _____

Personal Training:

- NSCA ACSM
- NASM
- ACE

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?

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made by me herein, or if the results of such an investigation are not satisfactory, an offer of employment made may be withdrawn, or my employment terminated without any obligation of liability to me other than for payment at the rate agreed upon for the services actually performed if I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/

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: _____
