SCOTFORD FITNESS CENTER STUDENT WORKER APPLICATION

NAME_____
(last) (first) (middle)

STUDENT ID#_____WORK STUDY_____NON WORK STUDY_____

LOCAL/CAMPUS ADDRESS_____CAMPUS P.O. BOX#_____
(street, city, state, zip, OR dorm bldg/rm #)

LOCAL/CAMPUS PHONE#_____FRESHMAN____SOPHOMORE____JUNIOR____SENIOR____

What is your expected date of graduation? _____

Are you available to work in the summer? _____

Position you are applying for**: Fitness Center Aid** or **Student Manager** (circle)

Academic Major_____

CPR/First Aid cards? Yes No (circle) When do they expire?_____

Why do you want to work in the Scotford Fitness Center? (continue on back if you need more space)_____

_____

Work Experience:

Type of work & dates employed: Employer: (phone)

_____

_____

_____

Continue on the back if you need more room

List the hours you would be available to work only: (Do NOT give me your class schedule)

This facility will operate from 6:30 a.m.-9 p.m. during the Fall/Jan Term/Spring semesters. We anticipate being open from 6:30 a.m. – 8:30 a.m., 11:00 a.m.-2:00 p.m. and 4:00 p.m. to 7:00 p.m. in the summer.

Monday	Tuesday	Wednesday	Thursday	Friday (6:30-6)	Saturday (10-6)

X_____ DATE_____
(Signature)