



Fall	_____
Spring	_____
Summer	_____

## Saint Joseph's Campus Recreation Application for Employment

**Position Desired:**

Intramural Official	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Intramural Supervisor	<input type="checkbox"/>	Club Sport Supervisor	<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>
Fitness Attendant	<input type="checkbox"/>	Club Sport Van Driver	<input type="checkbox"/>		
Club Sport Office Assistant	<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>		
			<input type="checkbox"/>		

**Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Student Classification:** (circle one) **FR**    **SO**    **JR**    **SR**

**Do you have a Work Study Grant?**    **Yes**    **No**    **If 'Yes', amount per semester:** \_\_\_\_\_

<b>Home Address:</b>	<b>Campus Address:</b>
_____	_____
_____	_____

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Previous Work Experience:**

Have you worked at Saint Joseph's University before?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

If "Yes", please elaborate: Where, When, and provide the name of your immediate supervisor:

\_\_\_\_\_

Please list any other work experience related to your anticipated work within Campus Recreation:

\_\_\_\_\_

Are you CPR certified?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_    **If "Yes", expiration date:** \_\_\_\_\_

**On the reverse side of this application, please mark an "X" in the time slots that you are available to work.**

I understand that completion of this application does not guarantee employment with Campus Recreation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thur.</b>	<b>Fri.</b>	<b>Sat.</b>
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Friday & Saturday Nights

Up til 12  
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