

UNIVERSITY OF DUBUQUE

Recreation & Wellness Department
Student Employment Application

Today's Date: _____ UD ID#: _____

Name: _____
Last First MI

Present Address: _____
Street City State Zip

Phone#: _____ UD e-mail: _____

Expected Graduation Date: _____ Major: _____ Minor: _____

Please circle the positions you would be willing to work:

Front Desk Supervisor Fitness Center Supervisor Facility Supervisor Intramural Supervisor/Ref

Please circle if you would you be willing to work:

Weekends Nights Holidays Summer

Please list the days/hours you are available to work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

or No Preference _____

Realistic estimate of total weekly hours desired: _____/weekly

Available start date: ____/____/____

Please check the certifications you hold and indicate their expiration date. (Not needed to apply)

____ First Aid Expiration Date: / / Other:

____ CPR Expiration Date: / / Other:

For Office Use Only:

Date Application Received On: _____ By: _____

Work Experience

Indicate your past employment:

Job Title	Employer/ Location	Dates of Employment	Duties
#1			
#2			
#3			

Job #1

- List the duties you performed, skills used or learned, advancements or promotions while you worked at this company.

Job #2

- List the duties you performed, skills used or learned, advancements or promotions while you worked at this company.

Job #3

- List the duties you performed, skills used or learned, advancements or promotions while you worked at this company.

What skills do you possess that would make you an asset for our Recreation and Wellness Department and why should we hire you over another candidate?