

CREIGHTON UNIVERSITY		CAMPUS RECREATION		JOB APPLICATION	
Office Use Only:	Date Received	Staff Initials:_____	Date Called	Staff Initials:___; Applying for: Summer Fall Spring Other:_____; Available startdate:_____	

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Init:** \_\_\_\_\_

Local Address	Permanent Address
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone ( ) _____	Phone ( ) _____
Emergency Contact Name _____	Emergency Contact Name _____
Emergency Day Phone ( ) _____	Emergency Day Phone ( ) _____

**SS#** \_\_\_\_\_ **Email** \_\_\_\_\_@creighton.edu *if no creighton email, please list other* \_\_\_\_\_

**Previously employed on campus?** No  Yes  **If yes, where?** \_\_\_\_\_ **Work Study?** Yes  No

**Year in School :** Fr  So  Jr  Sr  other  **Expected Graduation / Leave Date** \_\_\_\_\_

**Major** \_\_\_\_\_ **Dates of Semester Abroad or Student Teaching** Fall  Spring  Summer  Year

**Applying** Aerobics Instructor  Equipment Desk  Fitness Forum  Intramural Official  Lifeguard

**For:** Marketing  Office Assistant  Security Desk  Swim Instructor  Other \_\_\_\_\_

**Why do you want to work in the above areas, and what strengths would you bring to our department?**

Job History	Employer	Job Title	Dates Worked	Supervisor	Phone
most recent					
first					

Certification(s)	Comm CPR	Exp Date / /	Other Qualifications / Training / Computer Skills:
<b>office requires copies of all certificates</b>	Comm First Aid	Exp Date / /	
	Lifeguard	Exp Date / /	
	Other	Exp Date / /	



