

Office Use Only Date Received:	Date Called:	Copy of Certifications	Applying for: Summer Fall Spring Other:
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Name: _____ NET ID: _____
 (Last) (First) (Middle Int)

Local Address: _____ Phone: () _____

City _____ State _____ Zip Code _____ SS#
 Last 4 Digits: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Full time Student: Y N

Email: _____@creighton.edu or other email: _____

Year in School: Fr So Jr Sr Other Work Study? Yes No

Previously Employed on Campus? Yes No If yes, where? _____

Major: _____

Position Applying For:

Equipment Desk Fitness Forum FitNest Group Fitness Instructor

Intramurals Lifeguard Office Assistant Personal Trainer

Security Desk Swim Instructor Other: _____

Job History

Employer	Job Title	Dates Worked	Supervisor	Phone

Certification(s)

CPR:	Exp. Date
First Aid:	Exp. Date
Lifeguard:	Exp. Date
Other:	Exp. Date
Other:	Exp. Date

Computer Skills: ____ wpm.

Availability Form

Name: _____

Hours per week you would like to work:

Dates Available: Fall _____ Spring _____
 Summer _____ Other _____

- 8-10
- 10-12
- 12-15
- Other _____

Notes:

Cross Out the Times that You Can Not Work

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:50-7:00am							
7:00-7:30am							
7:30-8:00am							
8:00-8:30am							
8:30-9:00am							
9:00-9:30am							
9:30-10:00am							
10:00-10:30am							
10:30-11:00am							
11:00-11:30am							
11:30-12:00pm							
12:00-12:30pm							
12:30-1:00pm							
1:00-1:30pm							
1:30-2:00pm							
2:00-2:30pm							
2:30-3:00pm							
3:00-3:30pm							
3:30-4:00pm							
4:00-4:30pm							
4:30-5:00pm							
5:00-5:30pm							
5:30-6:00pm							
6:00-6:30pm							
6:30-7:00pm							
7:00-7:30pm							
7:30-8:00pm							
8:00-8:30pm							
8:30-9:00pm							
9:00-9:30pm							
9:30-10:00pm							
10:00-10:30pm							
10:30-11:00pm							