Office Use Only	Date	Copy of	Applying for: Summer Fall	
Date Received:	Called:	Certifications	Spring Other:	
Name:(Last)	(First)	(Middle Int)	NET ID:	
Local Address:		Phone: ()		
City	State			
Emergency Contact Name	:		Last 4 Digits:	
Emergency Contact Phone	e:	_ 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? Y	es □ No □ If yes,	where?	
Major:				
Position Applying Fo Equipment Desk □		☐ Security Desk ☐	Group Fitness Instructor □	
Intramurals Office	ce Assistant	Personal Trainer	I	
Other:				
Job History				
	Job Title	Dates Worked	Supervisor Phone	
Certification(s)				
CPR:		Exp. Date		
AED:		Exp. Date Exp. Date		
First Aid:				
Other:		Exp. Date		
Other: Exp. Date				

Availability Form

Name:		Hours per week you would like to work:
		O 8-10
Dates Available: Fall	Spring	O 10-12
Summer	Other	O 12-15
		O Other

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							
11:00-11:30pm							
11:30-Midnight							