

What is your current workout program?

Availability

For which term do you seek employment: Immediately Fall Spring Summer

How many hours a week are you willing to work? _____

Working schedule interest:



Position: _____

Employer: _____

Responsibilities: _____

Supervisor: _____

Phone Number: _____

Start Date/End Date: _____

Reason for leaving: _____

References

Name	Phone	Job Title/Relation
_____	_____	_____
_____	_____	_____

Completed Application should be returned to the SLC Service Desk or Campus Recreation Office. If possible, attach your resume too.