



UDM Fitness Center Student Employment Application

Please attach your updated resume and submit a completed Student Employment Application to the Fitness Center Manager. Fitness Center Manager will contact you shortly regarding the interview process. Thank you!

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Last</i> <i>First</i> <i>MI</i> </div>	T-Number: _____
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Street Number (Appt. #)</i> <i>Street</i> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>City</i> <i>State</i> <i>Zip Code</i> </div>	Campus Residence: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> <i>Residence Hall</i> <i>Room Number</i> <i>SUMS Box#</i> </div>
Mobile Phone #: _____	Email: _____
Major: _____ Year: _____ Expected Graduation Year: _____	
Position Applying For: _____ Available Start Date: _____	

Please accurately answer the following questions:

I have Work Study:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to work nights and weekends:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am or I intend to work multiple jobs this year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am registered for classes at UDM:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am an U.S. citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have been convicted of any offense other than minor traffic violation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* If yes, please explain.		

Certifications (Please indicate the expiration date for each that applies):

CPR: _____	First Aid: _____	Fitness Instructor: _____	Personal Trainer: _____
Other: _____			

List at least three references (at least two professional):

1. Name: _____ Relationship: _____
 Title, Company: _____ Phone: _____
2. Name: _____ Relationship: _____
 Title, Company: _____ Phone: _____
3. Name: _____ Relationship: _____
 Title, Company: _____ Phone: _____

Previous Work Experience (start with the most recent):

Company/ Department	Position	Assignment	Reason for Leaving	Dates of Employment

Availability:

I am available to work (check all that apply):

Fall Semester
 Spring Semester
 Summer Semesters
 Winter Break
 Spring Break
 Other: _____

Please indicate all available times to work (include 6AM to midnight):

**UDM Fitness Center
Hours of Operation**

Fall/Winter Hours
 M-F 7AM-10PM
 SAT 1PM-7PM
 SUN 1:30PM-9PM

Summer Hours
 M-F 7AM-6PM
 SAT Closed
 SUN Closed

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Total available hours: _____

Signature: _____ **Date:** _____