

The University of Toledo Office of Recreation WELLNESS CENTER EMPLOYMENT APPLICATION

Statement of Your Eligibility

Students must maintain a minimum cumulative G.P.A. of 2.0 and be registered for a minimum of 6 credit hours for each semester employed with the exception of summer semester. For summer employment, students must be registered for 6 credit hours during summer session or pre-registered for a minimum of 6 credit hours for the upcoming fall semester. Students are permitted to work a maximum of 20 hours per week total for all university positions combined.

Personal Information

Name: _____ S.S. # _____ - _____ - _____

Email: _____ Date of birth: _____

Local Address: _____

Local Telephone: (_____) _____

Home Address: _____

Home Telephone: (_____) _____

General Information

Position desired: Aerobics Instructor Waves Instructor Cycle/Spinning@ Instructor
 Fitness Staff: *Students in exercise science, physical therapy, physical education, community health, recreational therapy, nursing, or health related field.*

College: _____ Major: _____

Anticipated date of graduation: _____ Date that you can begin work: _____

Are you presently employed on campus? yes no If yes, which office/dept.? _____

Are you presently working or applying for any other position(s) with the Office of Recreation? yes no
 If yes, which position(s): _____

Your Work History (List below your last three employers, beginning with your most recent.)

Date, month, and year	Company; name & phone number of supervisor	Position(s) held	Reason for leaving
From: To:			
From: To:			
From: To:			

Certifications

Circle or write in the certifications that you currently hold (if applicable) : *CPR, Aerobic Instructor, Aquatic Aerobic Instructor, Spinning@ Instructor, Personal Trainer, etc.*

Your Statement and Experience

Using the back of this application, provide a statement as to why you would like to work for the Wellness Center and list experience you have related to the position you are applying for.

I understand that any false or misleading information given on this application will be grounds for disqualification of this application or termination of employment. I authorize this employer to conduct a criminal/traffic background check required by the University.

Signature of Applicant _____ Date _____