

APPLICANT INFORMATION

Name: Last _____ First _____ **UHCL ID#:** _____

Semester you are applying for: Academic Year _____ Fall _____ Spring _____ Summer _____

Phone: _____ **Email:** _____

Classification in School (circle/check one): FR _____ SO _____ JR _____ SR _____ Masters _____ Doctoral _____

Major: _____ **Minor:** _____

Current Cumulative GPA: _____ **Anticipated Graduation (Month/Year):** _____

CHECK POSITION(S) FOR WHICH YOU ARE APPLYING

<p>Operations Operations Assistant</p>	<p>Member Services Member Services Assistant</p>
<p>Recreational Sports Intramural Sports Manager Intramural Sports Official</p>	<p>Fitness and Wellness Fitness Assistant Personal Trainer* Group Fitness Instructor *</p>
	<p>Marketing Marketing Assistant</p>

PLEASE SPECIFY WHEN YOU ARE AVAILABLE TO WORK (TO THE BEST OF YOUR KNOWLEDGE)

Please place a check mark in all boxes that you are AVAILABLE to work. These are not necessarily the hours you will work.

Day	6a-9a	9a-12p	12p-3p	3p-6p	6p-9p	9p-12a
Sundays						
Mondays						
Tuesdays						
Wednesdays						
Thursdays						
Fridays						
Saturdays						

EMPLOYMENT QUESTIONS

Are you currently enrolled in class at UHCL? Yes No Starting next semester

Are you an International student (additional paperwork requirement ONLY)? Yes No

Are you eligible for College Work Study? Yes No Unsure

 If yes, do you know your allocation amount?

Are you currently employed by another department at UHCL? Yes No

 If yes, what department and how many hours are you currently working per week?

 Department: Hours/week:

How did you find out about this opportunity (check all that apply)?

 Posted notice/flyer Academic class announcement The Signal imleagues.com

 Facebook post Twitter post Instagram post Fitness Room staff

 Word of Mouth Referred by someone Whom:

PLEASE CHECK ALL CERTIFICATIONS YOU CURRENTLY MAINTAIN

	Certification Org.	Expiration Date
CPR/First Aid/AED*		
Certified sports official		
Personal Training		
Group Fitness Instructor		
Other:		

*American Red Cross certifications are required for employment. Please attach copies for all certifications. Certification classes will be provided by the department or you can choose to enroll in a class through the American Red Cross website.

CAMPUS RECREATION ADMINISTRATION ONLY

Hiring for position 1: _____ **Official Start Date:** _____

Hiring for position 2: _____ **Official Start Date:** _____

____ Employee Data Sheet	____ Patent Disclosure and Assignment Agreement
____ UHS Related Party Disclosure	____ Notice of Network Requirements
____ Direct Deposit Authorization	____ W4 Form ____ Criminal History Check

International Students ONLY: _____ **Foreign National Tax Packet and copies of Visa/Passport/I-20/I-94**

Position 1: NCWS / CWS Student Asst. / Student Tech _____ Pay Rate: \$ _____

Position 2: NCWS / CWS Student Asst. / Student Tech _____ Pay Rate: \$ _____

Hiring Manager: _____ Date: _____