


COLUMBIA UNIVERSITY PHYSICAL EDUCATION AND RECREATION

Employment Application

POSITION APPLYING FOR

| | | |
|---|---|---|
| <input type="checkbox"/> Intramural Official | <input type="checkbox"/> Intramural Supervisor | <input type="checkbox"/> Club Sports Supervisor |
| <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball | <input type="checkbox"/> Physical Education Assistant | <input type="checkbox"/> Marketing Assistant |
| <input type="checkbox"/> Soccer <input type="checkbox"/> Dodgeball | <input type="checkbox"/> Little Lion Camps Counselor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Graphic Designer | |

APPLICANT INFORMATION - PLEASE PRINT CLEARLY

| | | |
|--------------------------|----------------|-------------|
| Last Name | First | CU ID |
| Local Street Address | | Apartment # |
| City | State | ZIP |
| Cell Phone # | E-mail Address | |
| Permanent Street Address | | Apartment # |
| City | State | ZIP |
| Emergency Contact | Cell # | Relation |

| | |
|---|--|
| Are you a CU student? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, Intended Graduation (Month/Year) _____ / _____ |
| College: | Major: |
| Are you a Varsity/Club Sports athlete? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, what team? |

| | |
|---|---|
| Will you receive a work-study grant? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Have you worked for CU before? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, from: _____ / _____ to: _____ / _____ |
| Department: | Supervisor: |

CERTIFICATIONS

(Include copies with application)

| Type of Certification: | Issue Date: | Certifying Agency: | For Staff Use: | |
|------------------------|--------------------|--------------------|------------------------------|-----------------------------|
| | | | Active Cert? | |
| First Aid | ____ / ____ / ____ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CPR/AED | ____ / ____ / ____ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Lifeguarding | ____ / ____ / ____ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other: | ____ / ____ / ____ | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SCHEDULING INFORMATION

| | |
|--|--|
| How many hours per week do you prefer to work? | <input type="checkbox"/> 2-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8-10 <input type="checkbox"/> 10+ |
| Please list your availability (Mon-Sun): | |

REQUIRED QUESTIONS

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| 1. Please describe in detail your experience for the chosen position you are applying for. |
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