



## Employment Application

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle Initial

**Local Address:** \_\_\_\_\_  
Street Address Unit/Apartment #  
 \_\_\_\_\_  
City State Zip Code

**Contact Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Class Standing:** \_\_\_\_\_

**Position Applying For** (Circle all that apply; \*must currently hold a certification):

Facility Positions	Intramural Positions	Outdoor Recreation Positions
Facility Attendant	Official	Bike Shop Attendant
Group Fitness Instructor*	Scorekeeper	Trip Leader
Lifeguard*		Team Building Facilitator
Marketing		

**Are you currently CPR/FA certified?** \_\_\_Yes \_\_\_No If yes, what date does it expire? FA \_\_\_/\_\_\_/\_\_\_  
 CPR \_\_\_/\_\_\_/\_\_\_

**Are you presently, or have you ever been, employed by the UNC Asheville Campus Recreation Department?** \_\_\_Yes \_\_\_No If yes, what date? \_\_\_/\_\_\_-\_\_\_/\_\_\_

**Are you currently an RA or a member of a UNC Asheville Student Organization?**  
 \_\_\_Yes \_\_\_No If yes, please list: \_\_\_\_\_

### Availability (Check all that apply)

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
6:00 AM-7:00 AM							
7:00 AM- 8:00 AM							
8:00 AM-9:00 AM							
9:00 AM-10:00 AM							
10:00 AM-11:00 AM							
11:00 AM-12:00 PM							
12:00 PM- 1:00 PM							
1:00 PM-2:00 PM							
2:00 PM-3:00 PM							
3:00 PM-4:00 PM							
4:00 PM- 5:00 PM							
5:00 PM-6:00 PM							
6:00 PM-7:00 PM							
7:00 PM-8:00 PM							
8:00 PM- 9:00 PM							
9:00 PM- 10:00 PM							
10:00 PM – 11:00 PM							

**Why do you want to work for the Campus Recreation Department?**

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**Please list any previous recreation experience (personal or professional, participant or administrator).**

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**Please list any leadership and/or customer service related experiences.**

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**Employment History and References**  
*(At least two references should be professional)*

1. Full Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Position(s) Held: \_\_\_\_\_

Responsibilities:

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2. Full Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Position(s) Held: \_\_\_\_\_

Responsibilities:

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3. Full Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Position(s) Held: \_\_\_\_\_

Responsibilities:

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**Disclaimer**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature \_\_\_\_\_

Date \_\_/\_\_/\_\_

Administrative Use Only

Date Received: \_\_/\_\_/\_\_

Received By: \_\_\_\_\_

Interview Time: \_\_\_\_\_

Interview Date: \_\_/\_\_/\_\_

Hired: \_\_\_\_\_

Employment Deferred: \_\_\_\_\_

Employment Denied: \_\_\_\_\_

Training Date: \_\_/\_\_/\_\_

Trained By: \_\_\_\_\_