

**WILLIAM PATERSON UNIVERSITY RECREATIONAL SERVICES  
EMPLOYEE APPLICATION**

Position(s) desired: \_\_\_\_\_

Name: \_\_\_\_\_ Banner #: \_\_\_\_\_

Date \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class: Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_ Junior: \_\_\_\_\_ Senior: \_\_\_\_\_ Graduate: \_\_\_\_\_

Estimated Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you presently working at William Paterson University? \_\_\_\_\_

If so, where: \_\_\_\_\_ Length of time: \_\_\_\_\_

**Previous Employment:** (Please list Employer, Phone Number, Position Held, Date(s) of Employment)

1 \_\_\_\_\_

2 \_\_\_\_\_

**List Two On-Campus References** (Please include Name, Relationship, Telephone Number)

1 \_\_\_\_\_

2 \_\_\_\_\_

Why are you applying for a position with the Recreation Center? What contributions do you feel you can make as a member of the staff?

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will be cause for rejection of appointment or dismissal after appointment.

Signature: \_\_\_\_\_

**For Office Use Only:**      *Orientation*      *Job Fair*      *Rec Center*      *Other*

\_\_\_\_\_  
Interview Date & Time

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date Hired

# WILLIAM PATERSON UNIVERSITY RECREATIONAL SERVICES EMPLOYEE SCHEDULING FORM

Name \_\_\_\_\_ **BANNER #** \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer I \_\_\_ Summer II Graduation Date: \_\_\_\_\_

On-Campus Address: \_\_\_\_\_ Extension: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Position Desired**

- \_\_\_ Aerobics Leader
- \_\_\_ Arena or Tennis Court Supervisor
- \_\_\_ Building Manager
- \_\_\_ Control Desk Attendant
- \_\_\_ FA/CPR Instructor
- \_\_\_ Intramural Official
- \_\_\_ Lifeguard
- \_\_\_ Swimming Instructor
- \_\_\_ Weight/Fitness Room Attendant

**Current Certifications**

- \_\_\_ First Aid Expires \_\_\_\_\_
- \_\_\_ CPR/AED Expires \_\_\_\_\_
- \_\_\_ LGT Expires \_\_\_\_\_
- \_\_\_ WSI Expires \_\_\_\_\_
- \_\_\_ EMT A/B Expires \_\_\_\_\_
- \_\_\_ ACSM Expires \_\_\_\_\_
- \_\_\_ ACE/AFAA Expires \_\_\_\_\_
- \_\_\_ CSCS/NSCA Expires \_\_\_\_\_
- \_\_\_ Other Expires \_\_\_\_\_

**\*Please indicate your class/meeting schedule by placing an "X" in the appropriate time slot.**

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00-8:00							
8:00-9:15							
9:30-10:45							
11:00-12:15 noon							
12:30-1:45							
2:00-3:15							
3:30-4:45							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							