

THE UNIVERSITY OF TEXAS AT AUSTIN
Division of Recreational Sports

APPLICATION ADDENDUM

Date _____ Semester(s) applying for: FALL 20__ SPRING 20__ SUMMER 20__

1. Name _____ UT EID _____
Last First Middle Initial

2. Email _____
Local Phone _____ Cell Phone _____

3. Local Address _____
Street Address City State Zip

4. Summer Phone (if different from above) _____

5. Please circle position(s) in which you are interested*:

- | | | |
|-------------------------------|--|---------------------------------|
| 1. Lifeguard | 9. Clerical Assistant/Specialized
(marketing, HR, accounting) | 15. Personal Trainer |
| 2. Field Supervisor | 10. Production Assistant | 16. Fitness Wellness Instructor |
| 3. Tennis Court Supervisor | 11. Computer Technician | 17. Aquatic Instructor |
| 4. Activity Supervisor | 12. Intramural Supervisor | 18. Safety Ed Instructor |
| 5. Retail Clerk (Gym Store) | 13. Outdoor Equipment Manager | 19. Climbing Wall Instructor |
| 6. Cashier (Accounting) | 14. Climbing Wall Supervisor | 20. Outdoor Guide |
| 7. Runner (Messenger) | | 21. Soccer Camp Clinician |
| 8. Clerical Assistant/General | | 22. Other _____ |

*Must be a student, in good academic standing, registered for 6 or more hours to apply for positions 1 - 14. Requirement waived for summer employment if individual will be/has been student in the fall/spring.

6. Please list relevant experience as a volunteer or participant in the position(s) indicated above. Include any classes or training specific to the area(s) of interest. (Use additional page, if needed.)

7. Please indicate specific certification(s) held, agency name(s) and expiration date(s).

Certification	Agency name	Expiration date
<input type="checkbox"/> Adult CPR	_____	_____
<input type="checkbox"/> CPR/PR	_____	_____
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> AED	_____	_____
<input type="checkbox"/> Lifeguard Training	_____	_____
<input type="checkbox"/> ARC instructor in _____	_____	_____
<input type="checkbox"/> Swift Water Rescue	_____	_____
<input type="checkbox"/> Wilderness First Aid	_____	_____
<input type="checkbox"/> Wilderness First Responder	_____	_____
<input type="checkbox"/> Defensive Driving	_____	_____
<input type="checkbox"/> ACE	_____	_____
<input type="checkbox"/> AFAA	_____	_____
<input type="checkbox"/> ACSM	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

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8. Please indicate maximum number of hours per week you are willing to work. _____

9. Hours **NOT available to work** (check below). Please include travel time, classes, meetings, etc.

	6am	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	12	
MON																				
TUE																				
WED																				
THU																				
FRI																				
SAT																				
SUN																				

10. Projected number of class hours to be registered for during work semester. _____

11. Classification _____ College _____ Major _____ Degrees Held _____

12. If you will hold any other position with the University or State during work semester, please answer the following:

- a. Employer _____
- b. Title _____ Hrs./Wk. _____ Wage/Hr. _____

13. Please list three (3) references.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete; and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand that any offer of employment is contingent upon my agreement to abide by the rules and regulations of The Board of Regents of The University of Texas System.

Signature of Applicant _____ Date _____