

Application for Employment

Position Applying For (check one or more):

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|---|--|
| <input type="checkbox"/> Member Services Staff | <input type="checkbox"/> Grounds Crew |
| <input type="checkbox"/> Youth Activities Staff | <input type="checkbox"/> Custodial/Maintenance Staff |
| <input type="checkbox"/> Water Safety Instructor (Certified) | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Lifeguard (Certified) | <input type="checkbox"/> Sport Club Supervisor |
| <input type="checkbox"/> Injury Prevention & Care Staff (IPC) | <input type="checkbox"/> Official/Referee |

Positions that Require Resume and Cover Letter (check one or more):

- Strength and Conditioning Attendant
- Personal Trainer
- Massage Therapist
- Outdoor Adventures

Personal Information:

Name (First, Middle, Last): _____ Student ID#: _____

Local Address: _____ City/State/Zip: _____

Local Phone: _____ Cell Phone: _____

E-mail: _____ Anticipated Graduation Date: _____

Social Security Card (We will not review this application without seeing your card)

Do you presently have your card with you? Yes / No

Office Use Only:	SS Card Checked: Y / N	Date	Staff
	Passport Checked (for International Students w/out SS Card): Y / N		

Present and Past UNL Employment Status

Do you presently have College Work Study? Yes / No

If yes, what is your total reward? \$_____

Do you presently work on campus? Yes / No

Have you ever been on the University of Nebraska payroll? Yes / No

If yes, which department? _____

Reason for leaving _____

Supervisor name and phone number _____

Experience: Please list any previous experience (paid or volunteer) that is relevant to the position(s) for which you are applying. Be sure to list certifications when appropriate.

References: Please list Name, Company/Relationship and Phone Number.

Availability

For which semester are you seeking employment? _____ Desired hours/week _____
Semester and Year

Please circle your preferred hours below.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early AM	Early AM	Early AM	Early AM	Early AM	Early AM	Early AM
Late AM	Late AM	Late AM	Late AM	Late AM	Late AM	Late AM
Early PM	Early PM	Early PM	Early PM	Early PM	Early PM	Early PM
Late PM	Late PM	Late PM	Late PM	Late PM	Late PM	Late PM

Employment Background Supplemental Information

All potential University of Nebraska—Lincoln Campus Recreation student and on-call employees will be screened via the state sex offender registries. Any potential student employee found on a registry will not be eligible for hire.

Please list all cities, counties, and states of residency for the last five years:

City	County	State	Dates of Residency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Have you ever been convicted of a violation of the law (include any traffic violation)? Yes / No
(Note: A conviction record is not an automatic bar to employment. Each case is considered in relation to the position for which applying.)

If you have applied for one of the following positions a full criminal history background screening will be required prior to offering employment:

- Message Therapist
- Office Assistant for Technology
- Personal Trainer
- Youth Activities Staff

The hiring unit will contact you regarding additional information necessary for this screening.

I certify that the information in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. I grant permission to the University of Nebraska—Lincoln to investigate my employment, educational, criminal, driving and other records to verify the information I have provided on this application and/or any additional information I have provided. I further release the University, former employees, former educators, references, and others from any liability resulting from such investigation.

Applications will be kept 6 months and must be signed for consideration.

Signature _____ Date _____

Office Use Only: Registry Checked	Staff
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