

**Tommy Hewett, M.D. Wellness Center
East Central University
Application for Employment**

Class schedule and copies of certifications must be submitted with this application.

PERSONAL INFORMATION

Last Name:	First:	Middle:	Date:
Address:		1st Phone:	2nd Phone:
City/State/Zip:			Student ID#:
Do you qualify for work study? () NO () YES		Expected date of graduation:	
How many hours per week do you need to work?		Will you enroll in summer classes at ECU this year?	

SPECIAL TRAINING

Type	Certified?	Years of experience:	Date of expiration on certification:
CPR or First Aid			
Lifeguard			
Water Safety Instructor			
Personal Trainer			
Aerobics Instructor			
Other			

If you are NOT lifeguard certified are you willing to obtain your lifeguard certification? () NO () YES

Computer skills and software used:

Office/clerical and additional skills:

ECU CLASSIFICATION

() Freshman () Sophomore () Junior () Senior

Major: _____ Minor: _____

Campus and community involvement (ex: baseball, band, sorority, accounting club...):

POSITION APPLYING FOR

() Aerobics Instructor () Swim Instructor () Personal Trainer

() Front Desk () Circuit Room () Lifeguard () Any

EDUCATION

School	Name and location of school	Degree/Course	# of Years	Graduate? What year?
Graduate				
College				
Business				
High School				

EMPLOYMENT (Start with your present or most recent employer)

Company Name	Phone
Address/City/State/Zip	Employed (Month & Year) From: To:
Name of Supervisor	Salary/Wage
State job title and describe your work:	Reason for leaving:

Company Name	Phone
Address/City/State/Zip	Employed (Month & Year) From: To:
Name of Supervisor	Salary/Wage
State job title and describe your work:	Reason for leaving:

Company Name	Phone
Address/City/State/Zip	Employed (Month & Year) From: To:
Name of Supervisor	Salary/Wage
State job title and describe your work:	Reason for leaving:

Have you ever been convicted of a crime or been arrested? () NO () YES If yes, please explain

Read the following information carefully, then sign and date below. Application will remain on file for the semester it was submitted in.

ACCURACY OF INFORMATION. I understand that my eligibility will be based on the information contained on this application.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible or terminated from employment. **VERIFICATION OF INFORMATION;** I authorize East Central University to investigate and verify the facts claimed by me on this application. I authorize East Central University to conduct a comprehensive review of my background. I further authorize my former employer to provide any information requested by East Central University. **REQUIRED DOCUMENTS:** I understand that if I fail to attach required documents, i.e., copies of certificates, etc., I may be excluded from further consideration.

Applicant Signature

Date

EAST CENTRAL UNIVERSITY IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1974, AND SECTION 503 AND 504 OF THE REHABILITATION ACT OF 1973 DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, HANDICAP, OR DISABILITY IN ANY OF ITS POLICIES, PRACTICES, OR PROCEDURES. THIS INCLUDES, BUT IS NOT LIMITED TO ADMISSIONS, EMPLOYMENT, FINANCIAL AID, AND EDUCATIONAL SERVICES.