

# UNIVERSITY OF SOUTH DAKOTA **WELLNESS CENTER**

## Application for Employment

Please Print or Type the Following Information:

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

School Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

### Employment Information

Do you have work study?  YES  NO If so, amount of award? \_\_\_\_\_

What term are you applying for?  FALL  SPRING  SUMMER

Class:  Freshman  Sophomore  Junior  Senior  Graduate

**Position(s) Applying For:** (Check all that Apply)

#### Wellness Staff:

- Desk Staff
- Climbing Wall Staff

#### Aquatics:

- WSI
- Lifeguard

#### Fitness:

- Group Fitness
- Personal Trainer

#### Intramurals:

- Official
- ESports

**Certifications:** (Check all that Apply)

- |                     |                       |
|---------------------|-----------------------|
| Belay Certified     | Date Certified? _____ |
| Lead Certified      | Date Certified? _____ |
| CPR Certified       | Date Certified? _____ |
| First Aid Certified | Date Certified? _____ |
| WSI Certified       | Date Certified? _____ |
| LGT Certified       | Date Certified? _____ |

Personal Training Certified      ACE      AFAA      NETA      OTHER: \_\_\_\_\_

Fitness Certified      ACE      AFAA      NETA      OTHER: \_\_\_\_\_

Specialty Fitness Certifications? (e.i. Zumba, Kettlebell): \_\_\_\_\_

Certified H.S. Official      Sport(s): \_\_\_\_\_      Date Certified? \_\_\_\_\_

## Education

	Name of School	Location	Major or Degree
High School			
College or University			
Professional or Graduate			

## Previous Employment

Please list your previous employers starting with most recent.

Company: _____	Position/Job Title: _____
Supervisor: _____	Address: _____
Phone: ( _____ )	Start Date: _____ End Date: _____
Brief Description of Duties: _____	

Company: _____	Position/Job Title: _____
Supervisor: _____	Address: _____
Phone: ( _____ )	Start Date: _____ End Date: _____
Brief Description of Duties: _____	

Company: _____	Position/Job Title: _____
Supervisor: _____	Address: _____
Phone: ( _____ )	Start Date: _____ End Date: _____
Brief Description of Duties: _____	

## References

Please list two references:

Type of Reference:	<input type="checkbox"/> Employment	<input type="checkbox"/> Academic	<input type="checkbox"/> Character
Name: _____	Position: _____		
Company: _____	Address: _____		
Telephone: _____	Number of Years Known: _____		

Type of Reference:	<input type="checkbox"/> Employment	<input type="checkbox"/> Academic	<input type="checkbox"/> Character
Name: _____	Position: _____		
Company: _____	Address: _____		
Telephone: _____	Number of Years Known: _____		

**Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

### NOTICE OF NON-DISCRIMINATION

The University of South Dakota is committed to nondiscrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other nonmerit reasons, in admissions, educational programs or activities and employment (including employment of disabled veterans and veterans of the Vietnam Era), as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries, including those concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, has been delegated to the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-658-3745 Fax: 605-658-3745 Email: [disabilityservices@usd.edu](mailto:disabilityservices@usd.edu)