

WELLNESS CENTER

Application for Graduate Assistantship

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: _____

Graduate Program Information

Graduate Program: _____ Anticipated Graduation Date: _____

Have you been FULLY admitted into the graduate program? YES NO

Number of Credit Hours Enrolled In: _____ Graduate School Start Date: _____

Other Current University Jobs: YES NO If YES, what job(s)? _____

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

- Facilities
- Aquatics
- Fitness
- Intramurals

Certifications: (Check all that Apply)

Belay Certified Date Certified? _____

Lead Certified Date Certified? _____

CPR Certified Date Certified? _____

First Aid 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: 605-677-6389 Fax: 605-677-3172 Email: dservice@usd.edu