



Georgia Institute of Technology
Campus Recreation Center

EMPLOYMENT APPLICATION

To be considered for employment, please complete and submit this application at the CRC Hiring Expo on April 2-3, 2007.



APPLICANT INFORMATION

Please print all information.			DATE - -
Applicant's Name (First, MI, Last)		Georgia Tech ID Number	
Local Address		Primary Telephone Number () -	
City	State	ZIP code	Georgia Tech Email Address

GEORGIA TECH INFORMATION

Please check one:
 Freshman Sophomore Junior Senior
 Grad Student * Department _____ Department Contact _____

* Graduate students must have approval from their department to work for another department on campus.

CO-OP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which semester?	Work Study Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Expected Graduation Date
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Do you work for GA Tech or have you within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the questions at right.</i>	Dept	Hours Worked per Week	Supervisor's Name	Supervisor's Telephone
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WORK PREFERENCES

Please tell us what areas of the CRC you are most interested in by ranking your top 5 choices from 1 – 5, with 1 representing your first choice:

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> G.I.T. FIT | <input type="checkbox"/> Outdoor Recreation |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Summer Camp | | |

Number of hours you'd like to work each week:

When do you want to start work?

Please describe any relevant experience and/or skills that relate to your preferences above. Include paid work experience, volunteer work, etc. Specify dates and amount of experience.

LICENSES, CERTIFICATES:

License/Certificate Issued By	Field/Specialization	License / Certification No.	Issue Date	Expiration Date

Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Offense	Disposition
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RELATED EMPLOYMENT HISTORY

Please list below all your work experience (paid and volunteer), starting with the most recent employment.

Job Title	Employer	Supervisor's Name
Dates of Employment (mm/dd/yyyy) FROM - - TO: - -	Average Hours Per Week	Employer's Address
Description of Duties	Reason for Leaving	

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Referred by	Position
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CERTIFICATION

By submitting this application and any attachments, the applicant named above certifies that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the Georgia Institute of Technology; or if hired, may be grounds for termination. I understand that previous employers may be contacted for verification of employment history.

I hereby certify that the statements on this application are true and correct to the best of my knowledge.

Applicant's Signature

Date