



Campus Recreation Center Student Employment Application

Name: _____

Today's Date: _____

Major: _____

Exp. Year of graduation: _____

Personal Information:

Home address: _____

Cell: _____ Solar ID#: _____ D.O.B: _____

Email address: _____

Commuter: Emergency Contact Name: _____

Resident: Emergency Contact Number: _____

Are you CPR certified: Yes No

CPR Date of Expiration: _____

List 2 references:

1) Name: _____

Relationship: _____

Phone number: _____

2) Name: _____

Relationship: _____

Phone number: _____