

# UWMC STUDENT EMPLOYEE APPLICATION

Positions I am applying for (please list department and job title):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Local Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Year at UWMC:                  Freshman                  Sophomore

Grade point average: High School \_\_\_\_\_ UWMC \_\_\_\_\_

Are you receiving any financial assistance?

Loan                          Scholarship                          Grant                          Work Study

Will you be employed elsewhere during the school year?                  Yes                  No

If so, please list employer: \_\_\_\_\_

I am available to work on Saturdays.                  Yes                  No

I am available to work on Sundays.                  Yes                  No

I am available to work evenings.                  Yes                  No

I am willing to work at:                  6 a.m.                  7 a.m.

**SKILLS** (Typing, office machines, computer software and hardware, food service equipment, cash register, foreign language, and any others):

**PREVIOUS EXPERIENCE** related to the position(s) you are applying for (Give details):

**PERSONAL INTERESTS** (hobbies, special interests, scholastic honors, clubs, volunteer work, etc.)

**EMPLOYMENT EXPERIENCE:**

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Type of work & responsibilities: \_\_\_\_\_

May we contact?            Yes            No

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Type of work & responsibilities: \_\_\_\_\_

May we contact?            Yes            No

**REFERENCE:**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

**If you are applying for Fitness Center Supervisor or Lifeguard positions, please complete the following:**

**CERTIFICATION REQUIRED FOR FITNESS CENTER SUPERVISOR AND LIFEGUARD POSITIONS:**

Lifeguard Certification: Where \_\_\_\_\_ When \_\_\_\_\_

CPR Certification: Where \_\_\_\_\_ When \_\_\_\_\_

\*\* Please attach or send a photocopy of your certification card to the Athletic Department contact person (see Student Employment Opportunities handbook online or hard copy in student services).

**PRINT & SIGN:**

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Options to submit your application:**

1. Scan & e-mail to the department contact person\* for the job(s) you are applying for
2. Drop it off at the Business Services Office, Room 224
3. Mail to:  
UW-Marathon County  
Attn: (insert department contact name here\*)  
518 S. 7<sup>th</sup> Ave.  
Wausau, WI 54401

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