

UWMC STUDENT EMPLOYEE APPLICATION

Date: _____

List Job Title(s) you are applying for:

Name: _____

E-Mail Address: _____

Home Address: _____

City and Zip Code: _____

Telephone: _____

Wausau Address: _____

City and Zip Code: _____

Telephone: _____

UWMC year: Freshman _____ Sophomore _____

Grade point: 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. _____ (Fitness Center and Lifeguard Positions)

(over)

PLEASE LIST:

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 DATA (List hobbies, special interests, scholastic honors, clubs, etc.)

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).

EMPLOYMENT EXPERIENCE:

1. Employer: _____

Address: _____

Supervisor's Name: _____

Type of work & responsibilities: _____

May we contact? Yes _____ No _____

2. Employer: _____

Type of work _____

Address: _____

Supervisor's Name: _____

Type of work & responsibilities: _____

May we contact? Yes _____ No _____

Reference: Name _____

Address _____ Telephone _____

How does this person know you? _____

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** _____

Return application by e-mail or send hard copy attn: department contact person(s) (found in the Student Employment Opportunities handbook) to the following address: UW Marathon County, 518 S. 7th Ave., Wausau, WI 54401-5396.