

# Wellness Employment Pre-application

Fill out completely and give to the front desk staff at the MGSC Fitness Center.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

College Major: \_\_\_\_\_

Expected date of graduation or transfer from MGSC: \_\_\_\_\_

1. Have you applied for Financial Aid for this academic year? \_\_\_\_\_
2. Are you eligible for the Federal Work Study Program? \_\_\_\_\_
3. Have you ever worked on campus before? (If so, where?) \_\_\_\_\_
4. Are you registered for at least 6 hours? \_\_\_\_\_
5. Are you CPR certified? (Circle one) Yes or No (Expiration Date : \_\_\_\_\_)
6. Are you certified in First Aid? (Circle One) Yes or No (Expiration Date : \_\_\_\_\_)
7. Are you certified a Lifeguard? (Circle One) Yes or No (Expiration Date : \_\_\_\_\_)
8. Are you a certified Group Fitness Instructor? \_\_\_\_\_
9. Do you have any experience as a sport official? \_\_\_\_\_
10. Are you a certified Personal Trainer? \_\_\_\_\_
11. Are you currently employed? \_\_\_\_\_
12. What is your earliest available date for employment? \_\_\_\_\_
13. What position/s are you most interested in? (Circle One)

Fitness Center Front Desk

Lifeguard

Personal Trainer

Intramural Sports Official

Group Fitness Instructor

Other

List Computer Skills: \_\_\_\_\_

Other Skills & Interests: \_\_\_\_\_

Please list the hours you are available to work each day:

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Please list at references of previous employers

Name	Title	Contact Information

Why would you like to work with the MGSC Wellness Program?