

	University of Minnesota Wellness Center
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Employment Application

Applicant Information

Full Name: _____ Date: _____

<i>Last</i>	<i>First</i>	<i>M.I.</i>	
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Phone: _____ Email: _____

Position Applied for:

**Member Service
Administrative Intern**

**Intramurals
IT Intern**

**Media Intern
Intramural Intern**

Are you eligible to work in the United States? YES NO Do you have Work Study? YES NO

Are you CPR/AED/FA Certified? Y N If yes, when will it need to be renewed? _____

Education

Major(s)/Minor(s): _____ Credits: _____

Estimated Graduation date: _____

★ Attach a copy of your class schedule and any other possible conflicts

References

Please list a reference (coach, current/former boss, mentor, anyone who can speak of your work ethic).

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Misc

Explain interest in the specific position:

★ Attach Resume (Optional)	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

: _____ :