THE UNIVERSITY OF TULSA - CAMPUS RECREATION
Employment Application

NAME: _____

First   Middle   Last

DATE OF BIRTH: _____   TU ID# _____

DO YOU HAVE A SOCIAL SECURITY NUMBER?   YES_____   NO_____

PERMANENT ADDRESS: _____

_____

City   State   Zip

HOME PHONE: _____

CAMPUS ADDRESS: _____

_____

CAMPUS PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Do you use your email address?   Yes   No

CLASSIFICATION: FR   SOPH   JR   SR   GRAD   LAW   UNAFFILIATED

MAJOR: _____

SEMESTER APPLYING FOR:

_____ FALL   _____ SUMMER   _____ SPRING

POSITION APPLYING FOR :

_____ FACILITY STAFF   _____ INTRAMURAL SUPERVISOR

_____ OFFICE STAFF   _____ INTRAMURAL OFFICIAL

WORK STUDY :   Are you receiving Federal Work Study Aid?   Yes   No
                    If yes, how much?   _____

RELATED WORK EXPERIENCE AND CERTIFICATIONS:

_____

_____

_____

_____

EMPLOYMENT HISTORY   (Including On-Campus):

From --- To	Employer and Location	Supervisor

From --- To	Employer and Location	Supervisor

From --- To	Employer and Location	Supervisor

PERSONAL REFERENCES:

Name	Address	Phone

Name	Address	Phone

Name	Address	Phone

INTRAMURAL SPORTS EXPERIENCE: List all sports you have played and/or officiated

_____

_____

Identify the Intramural Team you are a member of : _____

LIST OUTSIDE INTERESTS:
List all organizations you are affiliated with and meeting times.

_____

_____

_____

AVAILABILITY:

_____

_____

_____

_____

Signature	Date Turned In	Start Date