

# *MSU Billings Rec Activities*

1500 University Drive, Campus Box 570  
Billings, MT 59101  
(406) 657-2881

## APPLICATION FOR EMPLOYMENT

Name: (last, first, middle) \_\_\_\_\_

MSU-B Student ID #: \_\_\_\_\_

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

Best Phone to reach you: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

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

Have you been awarded **work study** from the Financial Aid Office? YES NO

If yes, how much is your award? \_\_\_\_\_

### **Positions applying for:**

#### Intramural Sports

- \_\_\_\_\_ Scorekeeper
- \_\_\_\_\_ Field/Court Set-up
- \_\_\_\_\_ Flag Football Referee
- \_\_\_\_\_ Volleyball Referee
- \_\_\_\_\_ Basketball Referee
- \_\_\_\_\_ Softball Referee
- \_\_\_\_\_ Other \_\_\_\_\_

#### Leisure Recreation

- \_\_\_\_\_ Equipment Room Clerk

#### Swimming Pool

- \_\_\_\_\_ Lifeguard
- \_\_\_\_\_ Swim Instructor

#### Fitness Center

- \_\_\_\_\_ Fitness Center Attendant
- \_\_\_\_\_ Equipment Maintenance

#### Rec Activities Office

- \_\_\_\_\_ Office Assistant

### **Indicate which active certification you hold and the expiration dates:**

<u>Certificate</u>	<u>Expiration Date</u>
_____ Adult CPR/AED	_____
_____ Community CPR/AED	_____
_____ CPR/AED for Professional Rescuer	_____
_____ Standard First Aid	_____
_____ Sports Safety Training	_____
_____ Lifeguard Training	_____
_____ Lifeguard Training Instructor	_____
_____ Water Safety Instructor	_____
_____ MOA (Sport) _____	_____
_____ Personal Trainer	_____
_____ Other _____	_____

## General Employment History

<b>Dates</b>	<b>Employer</b>	<b>Responsibility</b>

List any and all previous positions held with **MSU-Billings Rec Activities:**

Dates of Employment

Position

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fill out the enclosed class schedule, if you are unsure of your schedule please be sure to include your student identification number on the schedule.*