Bemidji State University

Gillett Wellness Center

1500 Birchmont Drive NE – Bemidji, MN 56601

(218) 755-4135

APPLICATION for Student Employment

Date: _____ Email: _____

Name: _____ Social Security # or Tech ID: _____

Birthdate: _____ School Phone Number: _____

Home Phone Number: _____

School Address: _____

Home Address: _____

What Semester are you applying for? FALL SPRING SUMMER

Do you have work-study? _____

Would you be able to work during school breaks? _____

What positions are you applying for? (Circle all that apply)

Front Desk **Lifeguard** **Group Fitness Instructor** **Intramural Sport Official** **Outdoor Program Center**

Do you currently have any certifications? _____

CPR, AED, and First Aid are REQUIRED to apply and to be employed.

If so, please check all that apply:

_____CPR	Expires: _____
_____First Aid	Expires: _____
_____Lifeguard	Expires: _____
_____Aerobics Instructor	Expires: _____
_____Water Aerobics Instructor	Expires: _____
_____AED	Expires: _____
_____Other _____	Expires: _____

Please submit/attach copies of your certifications with this application

Do you have any other skills relevant? (ex. graphic arts designer, clerical typist)

_____

Please indicate what you are at Bemidji State University?

___ 1st year ___ 2nd year ___ 3rd year ___4th year ___ other **Planned graduation date?** _____

Please list three references:

Name: _____ Address _____
_____
Phone # _____
Relationship to _____

Name: _____ Address _____
_____
Phone # _____
Relationship to _____

Name: _____ Address _____
_____
Phone # _____
Relationship to _____

Previous Employment (Starting with most recent)

Occupation _____ Employer _____
Job Duties _____

Occupation _____ Employer _____
Job Duties _____

Occupation _____ Employer _____
Job Duties _____

Occupation _____ Employer _____
Job Duties _____

Do we have permission to contact your previous employers?_____

Are you participating or going to participate in any extra curricular activities? If so, which ones?_____

What are some of your interests and hobbies?

Why do you wish to work at the Wellness Center, Outdoor Program Center or as Intramural Official?

What are your relevant skills and experiences? Please list all that may apply for the position you are interested in.

		Indicate the days and times you **CANNOT** work					
Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:45-7:00am							
7:00-8:00am							
8:00-9:00am							
9:00-10:00am							
10:00-11:00am							
11:00-12:00pm							
12:00-1:00pm							
1:00-2:00pm							
2:00-3:00pm							
3:00-4:00pm							
4:00-5:00pm							
5:00-6:00pm							
6:00-7:00pm							
7:00-8:00pm							
8:00-9:00pm							
Name:		**Email:**			**Phone #**		