

Tommy Hewett, M.D. Wellness Center

Application for Employment

Class schedule and copies of certifications must be submitted with this application.

PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone
City	State	Zip Code	Alternate Phone
Have you ever applied with us before? () NO () YES When?		Are you eligible for: () Workstudy () Regular Pay	

SPECIAL TRAINING

Type	Certified?	Years of experience:	Date of expiration on certification:
CPR			
First Aid			
Lifeguard			
Water Safety Instructor			
Personal Trainer			
Aerobics Instructor			
Other			

ECU CLASSIFICATION

() Freshman	() Sophomore	() Junior	() Senior
Major: _____		Minor: _____	
Activities involved in (i.e. baseball, band, sorority, accounting club...):			

POSITION APPLYING FOR

() Aerobics Instructor	() Swim Instructor	() Personal Trainer
() Front Desk	() Circuit Room	() Lifeguard () Any

EDUCATION

School	Name and location of school	Course	# of Years	Did You Graduate?
Graduate				
College				
Business				
High School				

EMPLOYMENT (Start with your present or most recent employer)

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Salary
State job title and describe your work:	Reason for leaving:

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Salary
State job title and describe your work:	Reason for leaving:

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Salary
State job title and describe your work:	Reason for leaving:

Read the following information carefully, then sign and date below. Application will remain on file for six (6) months.

ACCURACY OF INFORMATION. Please review to make sure that all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct and I understand that any false statement made by me on this application could cause me to be ineligible or terminated from employment. VERIFICATION OF INFORMATION; I authorize East Central University to investigate and verify the facts claimed by me on this application. I further authorize my former employer to provide any information requested by East Central University. REQUIRED DOCUMENTS: I understand that if I fail to attach required documents, i.e., copies of certificates, etc., I may be excluded from further consideration.

Applicant Signature

Date

EAST CENTRAL UNIVERSITY IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1974, AND SECTION 503 AND 504 OF THE REHABILITATION ACT OF 1973 DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, HANDICAP, OR DISABILITY IN ANY OF ITS POLICIES, PRACTICES, OR PROCEDURES. THIS INCLUDES, BUT IS NOT LIMITED TO ADMISSIONS, EMPLOYMENT, FINANCIAL AID, AND EDUCATIONAL SERVICES.