

University of Arkansas at Monticello
Intramurals & Recreation Student Worker Application

FULL NAME: _____ NICKNAME: _____ TODAY'S DATE: _____

CLASSIFICATION: Freshman Sophomore Junior Senior Grad

POSITION FOR WHICH YOU ARE APPLYING: (if more than one, indicate preference by using a 1, 2, or 3)

Intramural Official ____ **ID Desk Attendant** ____ **IM/Rec Office Assistant** ____ **Rec Area Supervisor** ____

NOTE: All positions require a great deal of responsibility, reliability and maturity.

LIST ANY CERTIFICATIONS & EXPIRATION DATES: C.P.R. _____ FIRST AID _____
 OTHER _____

ALL STUDENTS HIRED WILL BE REQUIRED TO COMPLY WITH IM/REC STUDENT WORKER POLICIES AND
 PROCEDURES AGREEMENT AS WELL AS ALL RELEVANT UAM POLICIES AND PROCEDURES.

ALL POSITIONS ARE LOCATED IN TOBACCO FREE AREAS.

If hired, you **must present a copy of either your social security card or birth certificate in addition to a driver's
 license or UAM ID card to Financial Aid personnel.**

PREVIOUS WORK EXPERIENCE (Previous employer references may be checked.)

Employer Address & Telephone	Dates Worked	Briefly Describe Responsibilities
1.		
2.		
3.		

List any community or university activities in which you are currently involved.

PERSONAL REFERENCES

List three (3) people who will serve as references (able to evaluate your ability to carry out responsibilities and
 work with others). Do not include your relatives.

1. Name: _____
 Address: _____
 Telephone: _____
 Position: _____

2. Name: _____
 Address: _____
 Telephone: _____
 Position: _____

3. Name: _____
 Address: _____
 Telephone: _____
 Position: _____

ALL REFERENCES MAY BE VERIFIED.

**☑ COMPLETE BOTH SIDES
 OF THIS APPLICATION. ☑**

Semester & Year Applying: _____

Today's Date: _____

University of Arkansas at Monticello

Intramurals & Recreation Student Worker Application

Full Name: _____ UAM Student ID #: _____

Local Address: _____ UAM E-Mail: _____

Local Phone: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____
(Include city & state.)

Work-Study Qualified to Earn this Semester:

* Amount - _____ *Type (circle one) - Federal or Institutional Status Verified: _____

I am not on Financial Aid Denial. Initial & date here if you comply with this statement. _____

NOTE: **Financial Aid Denial** means that you are not allowed to work on campus.

Fill in your class schedule and any other weekly time commitments you have. If hired, all blank spaces will be considered available work slots, unless notified otherwise.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00a							
8:00a							
9:00a							
10:00a							
11:00a							
12:00							
1:00p							
2:00p							
3:00p							
4:00p							
5:00p							
6:00p							
7:00p							
8:00p							

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