

Student Recreation and Wellness Center
Washburn University

Group Exercise Employment Application

Date: _____

Personal Data:

Class Rank: (If Applicable)

FR

SO

JR

SR

GR

Other

Name: _____ Student ID# or SS#: _____
Last First MI

Permanent Address: _____
Street City State ZIP

Permanent Phone: _____ Email Address: _____

Local Address: _____
Street City State ZIP

Local Phone: _____

Major: (If Applicable) _____ Number of credits: (If Applicable) _____ (FA) _____ (SP)

Position(s) Applying For: (check all that apply)

Hi/Lo Impact Aerobics Step Aerobics Cardio Kick Boxing Spinning

Circuit Classes Pilates Yoga Core Strength

Other: _____

Please list all the types of group exercise classes you have taught.

Certifications: (check all that apply)

CPR First Aid AED

Group Exercise: (please list) _____

Work Experience: (Employer / Type of Work / How Long Employed)

Work Experience 1: _____

Work Experience 2: _____

Work Experience 3: _____

Work Experience 4: _____

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References: Please list name, phone number and your relationship to the reference.

Reference 1: _____

Reference 2: _____

Reference 3: _____

Extracurricular Involvement: (please list activities/organizations you currently belong to or have participated in in the past)

Extracurricular Experience 1: _____

Extracurricular Experience 2: _____

Extracurricular Experience 3: _____

Extracurricular Experience 4: _____

Availability:

How many classes are you willing to conduct each week? 1, 2, 3, 4, 5, 6, 7, 8, 9, 10+

CIRCLE HOURS AVAILIABLE TO INSTRUCT:

<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>	<u>SUN</u>	Please list class times and permanent meeting times
6:00	6:00	6:00	6:00	6:00	6:00	6:00	
7:00	7:00	7:00	7:00	7:00	7:00	7:00	_____
8:00	8:00	8:00	8:00	8:00	8:00	8:00	_____
9:00	9:00	9:00	9:00	9:00	9:00	9:00	_____
10:00	10:00	10:00	10:00	10:00	10:00	10:00	_____
11:00	11:00	11:00	11:00	11:00	11:00	11:00	_____
12:00	12:00	12:00	12:00	12:00	12:00	12:00	_____
1:00	1:00	1:00	1:00	1:00	1:00	1:00	_____
2:00	2:00	2:00	2:00	2:00	2:00	2:00	_____
3:00	3:00	3:00	3:00	3:00	3:00	3:00	_____
4:00	4:00	4:00	4:00	4:00	4:00	4:00	_____
5:00	5:00	5:00	5:00	5:00	5:00	5:00	_____
6:00	6:00	6:00	6:00	6:00	6:00	6:00	_____
7:00	7:00	7:00	7:00	7:00	7:00	7:00	_____
8:00	8:00	8:00	8:00	8:00	8:00	8:00	_____
9:00	9:00	9:00	9:00	9:00	9:00	9:00	_____
10:00	10:00	10:00	10:00	10:00	10:00	10:00	_____
11:00	11:00	11:00	11:00	11:00	11:00	11:00	_____

Would you be able to attend employee training the week before classes begin in the fall YES NO

Please return completed application to:

Washburn Student Recreation and Wellness Center

1700 SW College, Topeka, KS 66621