

HUB Fitness Center Application

(print or type clearly) Return to Assistant Directors office Room 118

Name _____

Local Address _____

Phone Number _____

Permanent Address _____

Phone Number _____

E-Mail _____

Major _____ Year in School Fresh / Soph / Jr / Sr / Grad

Anticipated Graduation Date _____

Do you receive Federal Work Study money? _____

Are you employed anywhere else on Campus? Yes No

If yes, Where? _____

Do you prefer aerobics, spinning, or both? _____

Why do you want to be a group exercise instructor?

Have you ever worked with any type of fitness equipment? If so, please describe your experiences.

Do you have any special skills?

Indicate the times you are interested in working with an "X"

All employees are responsible for working weekends on rotating schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
5:45am-9:15am					
9:00am-12:15pm					
12:00pm-3:15pm					
3:00pm-6:15pm					
6:00pm-9:15pm					
9:00pm-11:30pm					

List three Work References (Name, Phone, and Title)

1. _____

2. _____

3. _____