

# REGIONAL FITNESS CENTER APPLICATION FOR PART-TIME EMPLOYMENT

(Please return to the RFC or call for an appointment at 320-589-6485.)  
626 E 2<sup>nd</sup> Street, Morris, MN 56267

TODAY'S DATE: \_\_\_\_\_ AVAILABLE START DATE \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

MORRIS ADDRESS: \_\_\_\_\_  
Street City Zip

PERMANENT ADDRESS: \_\_\_\_\_  
(if different from above)

MORRIS PHONE NO: \_\_\_\_\_ (Permanent home) \_\_\_\_\_ (Work)

## E-MAIL

ADDRESS: \_\_\_\_\_

## Please check position(s) you are applying:

Building Supervisor       Lifeguard       Information Desk  
 Fitness Trainer       Swim Instructor       Aerobic Instructor  
 Children Programs       Sports Leader       Personal Trainer

## EDUCATION

HIGH SCHOOL ATTENDED (ING) \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED (ING) \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

MAJOR COURSE OF STUDY \_\_\_\_\_

UMM WORK STUDY ELIGIBLE:  Yes  No

## ACTIVITIES

Check those you regularly participate in.

### SPORTS ACTIVITIES

Aerobics-Land  
 Aerobics-Water  
 Badminton  
 Baseball  
 Basketball  
 Flag Football  
 Golf  
 Racquetball  
 Soccer  
 Softball  
 Swimming  
 Volleyball  
 Weightlifting  
 Other

### CHILD CARE

Children's Programs  
 Child Care

### CERTIFICATIONS

Aerobics Expires: \_\_\_\_\_  
CPR Certificate Expires: \_\_\_\_\_  
First Aid Cert. Expires: \_\_\_\_\_  
Lifeguard Training Cert. Expires: \_\_\_\_\_  
Personal Training Cert. Expires: \_\_\_\_\_  
Water Safety Instructor Expires: \_\_\_\_\_

### OFFICE HELP

Answering Phone  
 Word Processing  
 Customer Service  
 Other Skills-list: \_\_\_\_\_

### COMPUTER SKILLS (Program)

Word Processing \_\_\_\_\_  
 Data Base \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_  
 Website Design \_\_\_\_\_  
 Graphic Design \_\_\_\_\_

### OTHER SKILLS

\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

LIST (most recent first) - Present and Past employment - Full or Part Time – Related Experience Preferred

1. NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

GIVE A DETAILED DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

2. NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

GIVE A DETAILED DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

3. NAME OF EMPLOYER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

GIVE A DETAILED DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Give name, telephone number and relationship of three references who are not related to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## QUESTIONS

1. Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Explain why you would like to work at the RFC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_