

# HUMBOLDT STATE UNIVERSITY

## Recreational Sports Employment Application

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

- Office:       Clerical  
 Officiating:  Basketball    Soccer    Softball    Volleyball    Football    Dodgeball  
 Programs:    Drop-In Recreation Supervisor

**General Information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Local Address: \_\_\_\_\_  
(Street #) (Apt. #) (City) (Zip)

Permanent Address: \_\_\_\_\_  
*(if different from above)* (Street #) (Apt. #) (City) (Zip)

Contact Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you worked for the Intramurals program in the past, and if so, what type of work was it?  
 Yes    No   If yes, list date(s) and type(s) of work: \_\_\_\_\_

Are you enrolled in 6 or more units?    Yes    No   If yes, how many? \_\_\_\_\_

Ideally, how many hours a week would you like to work? \_\_\_\_\_

Do you work somewhere else on campus?    Yes    No   If yes, where? \_\_\_\_\_

Do you have work study funds?    Yes    No   If yes, what type and allocation amount? \_\_\_\_\_

When would you be able to start? \_\_\_\_\_

Place an "X" in the box on the days and times you are unable to work.

TIMES	10- 11 am	11 am- 12 pm	12- 1 pm	1- 2 pm	2- 3 pm	3- 4 pm	4- 5 pm	5- 6 pm	6-8 pm	8-11 pm
DAYS										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

**Job Experience**

Please use this space to describe any experience you have related to the job you are applying for:

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**APPLICANT'S CERTIFICATION AND AUTHORIZATION**

I certify that the information supplied on this application is true and correct to the best of my knowledge. I agree to have any of the statements checked by Humboldt State University. I authorize the employers listed to provide the University with information concerning my previous employment. Any pertinent work-related information on this application may result in my failure to be considered, to receive an offer, or, if hired, dismissal from the position. Your signature affirms that all information on this application is true to the best of your knowledge.

**Signature (required):** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_