

JOB APPLICATION

New Employee (CHECK ONE) Returning Employee



In order to work you must be a current University of Arizona Student.

Please return this application to the Intramural Sports Office,
Room 122, Student Recreation Center. 1400 East 6th Street, Tucson, Arizona 85721

You must have your Drivers License or Cat Card, along with your Social Security Card and or Passport at the time that this Application is submitted. We cannot accept your Application unless you have this documentation. If you have any questions feel free to call our office at 621-8723.

Complete the entire document. The information will be used to evaluate your eligibility for employment. Attach supporting documentation. If, hired, proof of identity (photo ID) and Social Security Card will be required as a condition of employment. PLEASE PRINT OR TYPE.

SUPPLEMENTAL APPLICATION UPDATE

(Returning Intramural Employees complete this PAGE ONLY!)

| | | | |
|---------------------|--|--|--|
| TODAY'S DATE | | | |
|---------------------|--|--|--|

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|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| YOUR SOCIAL SECURITY # | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|------------------|------|-------|--------|
| YOUR NAME | | | |
| | Last | First | Middle |

| | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|
| Cat Card Number | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|

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|----------------------|-------------------|------|-------|----------|
| LOCAL ADDRESS | | | | |
| | Number and Street | City | State | Zip Code |

| | | | |
|------------------------|--|-------------------|--|
| LOCAL TELEPHONE | | CELL PHONE | |
|------------------------|--|-------------------|--|

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|----------------------|--|
| EMAIL ADDRESS | |
|----------------------|--|

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|---|--|-----------------------|--|---------------------------------|--|
| ACADEMIC CLASSIFICATION (FRESH, SOPH.) | | ACADEMIC MAJOR | | EXPECTED GRADUATION DATE | |
|---|--|-----------------------|--|---------------------------------|--|

| | | | | | |
|--|------------------------------|-----------------------------|--|---|-----------------------------|
| ARE YOU CURRENTLY RECEIVING WORK STUDY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO YOU CURRENTLY WORK FOR ANOTHER DEPARTMENT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARE YOU CURRENTLY CPR CERTIFIED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | EXPIRES ON: AGENCY: | LEVEL: ADULT <input type="checkbox"/> CHILD <input type="checkbox"/> COMMUNITY <input type="checkbox"/> | |
| ARE YOU CURRENTLY FIRST AID CERTIFIED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | EXPIRES ON: AGENCY: | LEVEL: BASIC <input type="checkbox"/> ADV. <input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> | |
| LIST ANY OTHER CERTIFICATIONS | | | | | |

| CHECK SPORTS YOU ARE INTERESTED IN OR HAVE OFFICIATED. | INTERESTED | OFFICIATED | CHECK SPORTS YOU ARE INTERESTED IN OR HAVE OFFICIATED. | INTERESTED | OFFICIATED |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| SPORT (FALL) | | | SPORT (SPRING) | | |
| SPEED SOCCER | <input type="checkbox"/> | <input type="checkbox"/> | BASKETBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| FLAG FOOTBALL | <input type="checkbox"/> | <input type="checkbox"/> | CO-REC SOFTBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| SOCCER | <input type="checkbox"/> | <input type="checkbox"/> | SOFTBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| VOLLEYBALL | <input type="checkbox"/> | <input type="checkbox"/> | FLOOR HOCKEY | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | CO-REC VOLLEYBALL | <input type="checkbox"/> | <input type="checkbox"/> |

FAMILY INFORMATION (Emergency Contact)

| | |
|--------------------|--|
| YOUR MOTHER'S NAME | |
| YOUR FATHER'S NAME | |
| MAILING ADDRESS | |
| CITY, STATE, ZIP | |
| PHONE | |

SIGNATURE: _____

DATE: ____ / ____ / ____

GENERAL APPLICATION

| | | | |
|---------------------|--|--|--|
| TODAY'S DATE | | | |
|---------------------|--|--|--|

| | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| YOUR SOCIAL SECURITY # | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|

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|------------------|------|--|--|--|--|-------|--|--|--|--|--------|
| YOUR NAME | | | | | | | | | | | |
| | Last | | | | | First | | | | | Middle |

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|------------------------|--|--|--|--|--|--|--|--|--|
| Cat Card Number | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|----------------------|-------------------|--|--|--|------|--|-------|--|----------|
| LOCAL ADDRESS | | | | | | | | | |
| | Number and Street | | | | City | | State | | Zip Code |

| | | | |
|------------------------|--|----------------------|--|
| LOCAL TELEPHONE | | EMAIL ADDRESS | |
|------------------------|--|----------------------|--|

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|---|--|-----------------------|--|---------------------------------|--|
| ACADEMIC CLASSIFICATION (FRESH, SOPH,) | | ACADEMIC MAJOR | | EXPECTED GRADUATION DATE | |
|---|--|-----------------------|--|---------------------------------|--|

| | | | | | |
|--------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| ARE YOU UNDER 18? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ARE YOU A U.S. CITIZEN? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|

| | | |
|----------------------------|---|------------------------|
| IF NOT U.S. CITIZEN | VISA CLASS/ALIEN REGISTRATION NUMBER | EXPIRATION DATE |
|----------------------------|---|------------------------|

| | | | |
|----------------------------|---|------------------------------|-----------------------------|
| IF NOT U.S. CITIZEN | DO YOU HAVE A LEGAL RIGHT TO ACCEPT EMPLOYMENT? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|----------------------------|---|------------------------------|-----------------------------|

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|-------------------------|---------------------------------------|--|---|
| APPLICATION TYPE | NEW EMPLOYEE <input type="checkbox"/> | RETURNING EMPLOYEE <input type="checkbox"/> | TRANSFERRING FROM ANOTHER <input type="checkbox"/> |
| | | | CAMPUS RECREATION PROGRAM |
| POSITION SEEKING | OFFICIAL <input type="checkbox"/> | OFFICIALS COORDINATOR <input type="checkbox"/> | TOURNAMENT COORDINATOR <input type="checkbox"/> |
| | INTERN <input type="checkbox"/> | *CPR AND FIRST AID REQUIRED | *CPR AND FIRST AID REQUIRED |
| | | | SPORTS ASSISTANT/COORDINATOR <input type="checkbox"/> |
| | | | *CPR AND FIRST AID REQUIRED |

| CHECK SPORTS YOU ARE INTERESTED IN OR HAVE OFFICIATED. | | | CHECK SPORTS YOU ARE INTERESTED IN OR HAVE OFFICIATED. | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| SPORT (FALL) | INTERESTED | OFFICIATED | SPORT (SPRING) | INTERESTED | OFFICIATED |
| SPEED SOCCER | <input type="checkbox"/> | <input type="checkbox"/> | BASKETBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| FLAG FOOTBALL | <input type="checkbox"/> | <input type="checkbox"/> | CO-REC SOFTBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| SOCCER | <input type="checkbox"/> | <input type="checkbox"/> | SOFTBALL | <input type="checkbox"/> | <input type="checkbox"/> |
| VOLLEYBALL | <input type="checkbox"/> | <input type="checkbox"/> | FLOOR HOCKEY | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | CO-REC VOLLEYBALL | <input type="checkbox"/> | <input type="checkbox"/> |

| CIRCLE ALL THE TIMES THAT YOU CAN WORK OR ATTEND MEETINGS | | | | | | | | | | | | | | | | |
|---|-------|-------|--------|---------|---------|--------|-------|-------|-------|-------|-------|-------|-------|-------|--------|---------|
| SU: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| MO: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| TU: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| WE: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| TH: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| FR: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |
| SA: | 7-8AM | 8-9AM | 9-10AM | 10-11AM | 11-NOON | 12-1PM | 1-2PM | 2-3PM | 3-4PM | 4-5PM | 5-6PM | 6-7PM | 7-8PM | 8-9PM | 9-10PM | 10-11PM |

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED. BEGIN WITH CURRENT OR MOST RECENT JOB & PROVIDE A COMPLETE DESCRIPTION OF WORK PERFORMED. IF APPLICABLE, INCLUDE UNPAID VOLUNTEER EXPERIENCE. PLEASE NOTE THAT AN OFFER OF OR CONTINUED EMPLOYMENT MAY DEPEND UPON VERIFICATION OF EDUCATION, SKILLS AND EMPLOYMENT HISTORY.

THE UNIVERSITY OF ARIZONA, DEPARTMENT OF CAMPUS RECREATION, AS AN EQUAL EMPLOYMENT OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER, RECRUITS MEMBERS OF DIVERSE ETHNIC GROUPS, DISABLED VETERANS, VIETNAM ERA VETERANS AND WOMEN.

| | | | | | |
|--|------------------------------|-----------------------------|--|---------------------------------------|--------------------------------|
| ARE YOU CURRENTLY RECEIVING WORK STUDY? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO YOU CURRENTLY WORK FOR ANOTHER DEPARTMENT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ARE YOU CURRENTLY CPR CERTIFIED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | EXPIRES ON: AGENCY: | LEVEL: ADULT <input type="checkbox"/> | CHILD <input type="checkbox"/> |
| ARE YOU CURRENTLY FIRST AID CERTIFIED? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | EXPIRES ON: AGENCY: | COMMUNITY <input type="checkbox"/> | |
| LIST ANY OTHER CERTIFICATIONS | | | | | |

| | | |
|---------------------------------|--------------------------------------|-----------------------|
| DATES WORKED | EMPLOYER'S NAME | YOUR TITLE |
| EMPLOYERS ADDRESS | | |
| REASON FOR LEAVING | HOURLY WAGE | HOURS WORKED PER WEEK |
| NUMBER OF PEOPLE YOU SUPERVISED | CAN WE CONTACT THIS EMPLOYER? YES NO | |
| LIST YOUR DUTIES | | |
| | | |
| | | |
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| | | |
|---------------------------------|--------------------------------------|-----------------------|
| DATES WORKED | EMPLOYER'S NAME | YOUR TITLE |
| EMPLOYERS ADDRESS | | |
| REASON FOR LEAVING | HOURLY WAGE | HOURS WORKED PER WEEK |
| NUMBER OF PEOPLE YOU SUPERVISED | CAN WE CONTACT THIS EMPLOYER? YES NO | |
| LIST YOUR DUTIES | | |
| | | |
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I hereby certify that all this information is true and complete to the best of my knowledge. I understand that employment in certain positions may be conditional upon a review of my university records. I authorize The Department of Campus Recreation to request and obtain records to determine the accuracy of my responses. I agree to abide by all applicable University of Arizona, Arizona Board of Regents, Department of Campus Recreation and the Intramural Sports Program policies, procedures, rules and regulations upon acceptance of employment with the University. I understand that any material misrepresentation or omission on this application may be grounds for rejection of my application or termination of any subsequent employment with the university.

SIGNATURE: _____ DATE: ____/____/____

LIST THE NAMES, ADDRESSES AND PHONE NUMBERS OF:

- **LIST THREE PROFESSIONAL** references who can speak about your work ethic, habits & history.
- **LIST TWO PERSONAL** references who can speak about your character.

| | |
|----|--------------|
| 1. | PROFESSIONAL |
| 2. | PROFESSIONAL |
| 3. | PROFESSIONAL |
| 4. | PERSONAL |
| 5. | PERSONAL |

DEMOGRAPHIC INFORMATION

| | | |
|--|------------|--|
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "A" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "A" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "B" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "B" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "C" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "C" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "D" | |
| LIST SPORT YOU ARE CURRENTLY OFFICIATING | SEASON "D" | |

ETHNICITY (used for statistical purposes only)

| | |
|--|---|
| <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> AFRICAN AMERICAN |
| <input type="checkbox"/> ASIAN AMERICAN | <input type="checkbox"/> NATIVE AMERICAN (TRIBAL AFFILIATION) |
| <input type="checkbox"/> PACIFIC ISLANDER | <input type="checkbox"/> HISPANO/CHICANO |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY): | <input type="checkbox"/> I CHOOSE NOT TO SELECT. |

PLEASE LIST ALL GROUPS OR ORGANIZATIONS WHERE YOU ARE A MEMBER.

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

FAMILY INFORMATION (Emergency Contact)

| | |
|--------------------|--|
| YOUR MOTHER'S NAME | |
| YOUR FATHER'S NAME | |
| MAILING ADDRESS | |
| CITY, STATE, ZIP | |
| PHONE | |

Z: APPLICATION ALL