## Wellness Employment Pre-application Fill out completely and give to the front desk staff at the MGSC Fitness Center.

Name:	P	hone:	Date:	
Email:				
College Major	:			
Expected date	of graduation or transfer	from MGSC:		
<ol> <li>Are you elig</li> <li>Have you ev</li> <li>Are you regi</li> <li>Are you CPI</li> <li>Are you cert</li> <li>Are you cert</li> <li>Are you a ce</li> <li>Do you have</li> <li>Are you a c</li> <li>Are you a c</li> <li>Are you a c</li> <li>Are you cu</li> <li>Are you cu</li> <li>What is you</li> </ol>	ible for the Federal Work er worked on campus be istered for at least 6 hour R certified? (Circle one) ified in First Aid? (Circl ified a Lifeguard? (Circl ertified Group Fitness Ins e any experience as a spo certified Personal Trainer rrently employed?	rt official?) ? for employment?	(Expiration Date :)	)
Fitnes	s Center Front Desk	Lifeguard	Personal	Trainer
Intran	nural Sports Official	Group Fitness Instruc	ctor	Other
List Compute	r Skills:			_
Other Skills &	z Interests:			_
Please list the	hours you are available	e to work each day:		
	Semester:	Year:		
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
<u>Please list a</u> t r	eferences of previous e	mployers		
	Name	Ti	itle	

**Contact Information** 

Why would you like to work with the MGSC Wellness Program?