

Office Use Only:	Date Received	Staff Initials: _____	Date Called	Staff Initials:____; Applying for: Summer Fall Spring Other:_____ ; Available start date:_____
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Last Name: _____ First Name: _____ Middle Init: _____

Local/Campus Address			Permanent Address		
City	State	Zip Code	City	State	Zip Code
Phone ()			Phone ()		
Emergency Contact Name			Emergency Contact Name		
Emergency Day Phone ()			Emergency Day Phone ()		

SS# _____ Email _____@creighton.edu *if no creighton email, please list other* _____

Previously employed on campus? No Yes If yes, where? _____ Work Study? Yes No

Year in School : Fr So Jr Sr other Expected Graduation / Leave Date _____

Major _____ Dates of Semester Abroad or Student Teaching Fall Spring Summer Year

Positions:	Welcome/Security Desk	Fitness Attendant	Personal Trainer	Other: _____
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Why do you want to work in the above areas, and what strengths would you bring to our department?

Job History	Employer	Job Title	Dates Worked	Supervisor	Phone
most recent					
first					

Certification(s)	Comm CPR	Exp Date / /	Other Qualifications / Training / Computer Skills:
office requires copies of all certificates	Comm First Aid	Exp Date / /	
	Personal Trainer	Exp Date / /	Interests / Hobbies:
	Other	Exp Date / /	

