

Semester: \_\_\_\_\_



**Department of Athletics and University Sports Complex**

Loyola University New Orleans does not discriminate in hiring or employment on the basis of race, color, disability, national origin, age, sex or ancestry. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply promise of employment.

**Student Employment Application**

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone: \_\_\_\_\_

School:  Loyola University New Orleans

Other: \_\_\_\_\_

*Please check here if you are a minor under the age of 18. If so, an **Intent to Employ** form must be included with this application.*

Classification:  FR  SO  JR  SR  GRAD  LAW Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Work availability: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Can you perform the essential functions of the job for which you have applied?  Yes  No

If accommodations are needed, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

*Please list work experience:*

*Employer:* \_\_\_\_\_

*Position(s) held:* \_\_\_\_\_ *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

*Brief description of duties:* \_\_\_\_\_

*Employer:* \_\_\_\_\_

*Position(s) held:* \_\_\_\_\_ *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

*Brief description of duties:* \_\_\_\_\_

*Experience/Skills/Training (please check all that apply):*

Semester: \_\_\_\_\_

Microsoft Office Suite: \_\_\_ Word \_\_\_ Excel \_\_\_ Access \_\_\_ Outlook \_\_\_ Power Point \_\_\_ Publisher

Other Software Programs: \_\_\_\_\_

Foreign Language(s) (specify): \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime? \_\_\_ Yes \_\_\_ No  
(A conviction will be considered only as it relates to fitness to perform the position being sought).

Please indicate which certifications or affiliations you currently hold:

<u>Certifications:</u>	<u>Expiration Date:</u>	<u>Organization:</u>
___ WSI	_____	_____
___ LIFEGUARD	_____	_____
___ CPR/AED	_____	_____
___ FIRST AID	_____	_____
___ GROUP EXERCISE	_____	_____
___ PERSONAL TRAINING	_____	_____
___ U.S.T.A.	_____	_____
___ U.S.G.A.	_____	_____
___ TEACHER'S CERTIFICATION	_____	_____
___ YOGA/PILATES	_____	_____
___ OTHER:	_____	_____

I certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to:

**Loyola University New Orleans**  
**Department of Athletics and University Sports Complex**  
**6363 St. Charles Ave., Box 21**  
**New Orleans, LA 70118**  
**Phone: 504-864-7539**  
**Fax: 504-864-7364**

Please attach copies of your resume, certifications or other information which will help us evaluate you for this position.