



**General Information**

Last Name	First Name	MI	Salem State University ID#	
School/Campus Address		City	State	Zip Code
Permanent Mailing Address		City	State	Zip Code
Primary Phone	Current SSU student?	Available start date:		
Check position(s) applying for: Fitness and Membership Services      Office Assistant Recreation Program Instructor      Facility Supervisor Intramurals (Official/Supervisor/Scorekeeper/Timekeeper) Program and Event Assistant      Photographer Internship/Practicum Group Exercise Instructor *National certification required All position descriptions are available on our website	Do you have Federal Work Study?  Yes - \$ _____  No  Already using for another campus job	Major: _____  Year in School: _____  Expected Grad Date (month/year): _____		
SSU Email Address:				
How did you learn of this vacancy (please list the specific employee, website, or other source)?				
Number of hours requested per week?				
Do you have another campus job? If yes, where?				
Have you ever been previously employed by SSU? If yes, list location, title, department and dates:				

**Certifications: (CPR/AED, First Aid, Group Exercise, etc...)**

Title	Issued By:	Expiration Date:
Title	Issued By:	Expiration Date:
Title	Issued By:	Expiration Date:

**Availability: Click time blocks that you can work: (i.e. Classes, Jobs, Personal Commitments)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00-7:00 am							
7:00-8:00 am							
8:00-9:00 am							
9:00-10:00 am							
10:00-11:00 am							
11:00 am-12:00 pm							
12:00-1:00 pm							
1:00-2:00 pm							
2:00-3:00 pm							
3:00-4:00 pm							
4:00-5:00 pm							
5:00-6:00 pm							
6:00-7:00 pm							
7:00-8:00 pm							
8:00-9:00 pm							
9:00-10:00 pm							

**Employment History: List current/most recent employer first**

Employer Name	Address	City	State	Zip Code
Telephone Number	Job Title			
Dates of Employment (include start and end dates)	Final Hourly Wage	Supervisor's Name and Title		
If you are still employed, may we contact your employer?    Yes    No				
Summary of duties:				
Reason for leaving:				
Employer Name	Address	City	State	Zip Code
Telephone Number	Job Title			
Dates of Employment (include start and end dates)	Final Hourly Wage	Supervisor's Name and Title		
If you are still employed, may we contact your employer?    Yes    No				
Summary of duties:				
Reason for leaving:				
Employer Name	Address	City	State	Zip Code
Telephone Number	Job Title			
Dates of Employment (include start and end dates)	Final Hourly Wage	Supervisor's Name and Title		
If you are still employed, may we contact your employer?    Yes    No				
Summary of duties:				
Reason for leaving:				

**References: Please list two references not related to you**

1. Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Related Experience:** Do you have any other skills/abilities related to the position for which you are applying?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts required within this document is cause for my dismissal. I understand that any employment offered is for an indefinite duration, unless otherwise specified in writing, and is "at-will", which means that either I (after a two weeks' notice) or Campus Life and Recreation (following SSU policy) may terminate my employment at any time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application with resume to: Salem State University – Gassett Fitness Center Attn: Bethany Ross  
352 Lafayette Street, Salem, MA 01970 | [bross@salemstate.edu](mailto:bross@salemstate.edu) | 978.542.6562

**Office Use Only**

Applicant Emailed    Rubric Completed    Phone Interview    In-Person Interview    Offer Made    Not Selected  
(Confirmation of Receipt)