

RECREATIONAL SPORTS DEPARTMENT

3450 Sun Bowl Drive • El Paso, TX 79968

Phone: (915) 747-5103 Fax: (915) 747-5121

	n campus are p cants must create					nosted by the Unive	ersity Career	
APPLICANT INF	FORMATION							
Last Name	First Name			M.:	I.	Date		
Home Phone	Cell P	Cell Phone			Date of Birth UTEP ID			
UTEP E-Mail				Other E-Mail				
Are you authorized to work in the U.S.? Yes \square No \square				Are you curr	Are you currently enrolled as a UTEP student? Yes □ No □			
Have you worked for UTEP before? Yes \square No \square								
If yes, in what department?				Are you Wor	Are you Work-Study eligible? Yes \square No \square			
Date of employment					Please attach a copy of Financial Aid Award Letter and Certificate of Completion.			
EMPLID#				Certificate	or completion.			
Classification: Freshman □ Sopho Hours enrolled for			College:Major: Expected Graduation Date:					
Position Applied for	r: Facility □ Refere	e 🗆 Lifeguard 🗆	Climbing	Gym □ Fitness	s Programs 🗆			
Semester:	FALL :	SPRING 🗆 SUM	MER 🗆					
AVAILABILITY					Please atta	ach a copy of School (Class Schedule	
	Mornings From	То	Aft	ernoons From	То	Evenings From	То	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
CERTIFICATION	NS							
		Ce	rtifying Ag	gency Co	mpletion Date			
Lifeguard Training						Comments:		
First Aid								
CPR (list type)								
Other								

^{*}Application is valid on a semester basis from date of submission