University of Mary Hardin-Baylor Application for UMHB Summer Employment Mayborn Campus Center

Position for which you are applying: Lifeguard Water Safety Instructor Swim Assistant

Are you: I New UMHB Summer Applicant Returning UMHB Summer Employee

APPLICANT'S INFORMATION				
Last Name:	First Name:		Preferred Na	ame (if different than first name):
Address/City/State/Zip:		Cell Phone (including a	area code):	Email Address:
Can you receive text message	s? Based on t	he job description provid	ded to me, I be	elieve that I am able to perform the essential
🗆 YES 🗖 NO	functions of	of this job, with or withou	it reasonable a	accommodation. \Box YES \Box NO

QUALIFICATIONS: You will be required to have the following training and certifications prior to first day of work.					
	Date Completed	Expiration Date	Certification Facility		
Lifeguard Training (Required for Lifeguards Only)					
Water Safety Instructor (Required for WSI's Only)					
CPR/AED (Required for All Positions)					
First Aid (Required for All Positions)					

SUMMER WORK AV	/AILABILITY			
Date Available to Start: Last Date Available to Work:		Decired Number of Weekly Hours	☐ 10 - 20 hours ☐ 20 - 30 hours	
		Desired Number of Weekly Hours:	☐ 20 - 30 hours ☐ More than 30 hours	
Days & Times of General Availability:		Please specify any dates (vacations, camps, college visits, etc.) that you are NOT available to be scheduled:		
🗖 All Days		All Times	1.	5.
- OR Monday	□ Friday	- OR Mornings	2.	6.
□ Tuesday	□ Saturday	☐ Afternoons	3.	7.
Wednesday Thursday	□ Sunday	Evenings	4.	8.

EDUCATION	
High School	Current Student I YES INO If no, Year Graduated
College	Current Student I YES INO If no, Year Graduated
College/Other	Current Student I YES INO If no, Year Graduated

WORK ELIGIBILITY					
Are you eligible to work in the United States?	□ YES		Can you furnish proof of eligibility?	□ YES	□ NO
Proof of eligibility to	work in th	ne United S	tates must be provided if selected for h	nire	

WORK EXPERIENCE		
Employer:	Work Performed:	Dates of Employment:
		Start: End:
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Email Address:
Current Employer Past Employer	 Full Time Position Part Time Position Seasonal Position (Summer or Holiday Season Only) 	May we contact this employer? □ YES □ NO

Employer:	Work Performed:	Dates of Employment:	
		Start: End:	
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Email Address:	
Full Time Position Part Time Position		May we contact this employer?	
Seasonal Position (Summer or Holida	ay Season Only)	5 1 5 1	

Employer:	Work Performed:	Dates of Employment:
		Start: End:
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Email Address:
Full Time Position Part Time Position Seasonal Position (Summer or Holiday Season Only)		May we contact this employer? YES NO

PERSONAL REFERENCES – Please do not list relatives. Please provide us with DAYTIME PHONE NUMBERS to expedite your application.		
Name:	In what capacity and how long have you known this person?	
Address/City/State/Zip:		
Daytime Phone Number:	This person's profession is:	
Email Address:		

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Email Address:	

BACKGROUND INFORMATI	ON		
Have you ever been conv	victed of or pled no contes	st (nolo contendre) to a felony?	
Felony Degree (if known)	:	Sentence/Fine:	
State:	County:	Date:	
Explain:			
		st (nolo contendre) to a misdemeanor?	
State:	County:	Date:	
Explain:			

Have you ever been adjudicated as a juveni	e for delinquent conduct? DYE	S 🗆 NO
State: County:	Date:	
Explain:		
-		

Conviction does not necessarily disqualify applicants from employment. However, in the interest of safety of our students, employees and campus, no person will be hired or kept employed after the date of this application if that person has been convicted of:

- A felony or Class A/B misdemeanor classified as an offense against the person or family
- A class A/B misdemeanor classified as public indecency
- A felony of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes

Other offenses will be reviewed on a case by case basis.

Please list every state in which you have resided as an adult:

In compliance with the Clery Act, please note that the University of Mary Hardin-Baylor's campus crime and security report is made available to all faculty, staff and students (prospective and current) on an annual basis. This report may be found at umbb.edu/resources/campussafety/about.html or you may request a printed copy by contacting the University Police Department, located at 816 College St., Belton, Texas, (254) 295-5555.

UMHB CHRISTIAN MISSION

Because the university is a Christian institution of higher education, affiliated with the Baptist General Convention of Texas, it seeks employees who understand its mission and who understand and practice in their own lives biblical precepts of personal integrity, morality and ethical behavior.

	If yes, name and location of church:
Are you a committed Christian?:	
Do you regularly attend church?: □ YES □ NO	Is this church affiliated with a particular denomination?

- I certify that answers given herein are true and complete to the best of my knowledge. In consideration of my / my child's employment, I agree that I / my child will comply with the Employee Statement of Understanding, rules, regulations, philosophy, mission and policies of the University of Mary Hardin-Baylor.
- The University as employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment for myself / my child.
- I grant the University of Mary Hardin-Baylor permission to access my/my child's academic, employment and personal history (which
 may include information concerning my / my child's character, criminal history, mode of living, general reputation, personal
 characteristics and related pertinent information.) I hereby waive any claim which I might have against any person or entity for
 information provided.

IF HIRED, you must present an original social security card for payroll purposes on day one of employment

CHECK ONLY ONE:

- □ I am 18 years of age or older.
- □ I am under 18 years of age: Parent or legal guardian must also sign below.

Signature of Applicant

Printed Name of Parent/Legal Guardian for applicant under 18

Signature of Parent/Legal Guardian for applicant under 18

THIS SECTION FOR CURRENT UMHB STUDENTS ONLY:

Do you participate in the Federal or State Student Work/Study Program?

VES
NO

Student ID:	Dorm:		Room Number:	
Classification: FR SO	□ JR □ SR	GRAD STUDENT	Major:	
PLEASE LIST ALL EXTRA-CURRICULAR ACTIVITIES AND ATHLETICS (FCA, OneVoice, Miss MHB, etc.):				
1.		5		
2.		6		
3.		7		
4.		8		

Please <u>hand-deliver</u> the completed application in a sealed envelope to Human Resources Office, Sanderford Administration Bldg. Room 1230 or scan signed application and send via email to HR@umhb.edu

Date

Date