



**Wellness Specialists
Application**

Last Name: _____ **First Name:** _____

OU Email: _____ **@ohio.edu** **PID#** _____

Phone: _____ - _____ - _____

OU Address: _____

Permanent Address: _____

Major: _____

Minor: _____

GPA: _____ **Expected Graduation Date:** _____

Check one:
 Freshman Sophomore Junior Senior Grad Student

How many hours would you like to work each week? _____
**WS have early morning opening shifts, close at evening shifts, weekend shifts, and some shifts around holidays.*

Available (check all that apply): Fall Spring Summer I Summer II

Do you have experience working in a Fitness Center? No Yes, describe:

List other jobs have you held in the past and the reason for leaving:

Why are you interested in this position?

What classes, work experience, or personal life experiences do you have that would help you in this position?

What one thing about yourself do you feel would set you above others who apply?

What are your career goals?

Do you currently hold any of the following certifications?

CPR/AED

First Aid

Other: _____

List any campus activities or organizations you are involved in:

Please submit this application with a resume, cover letter, and 3 references.