

**Auburn University at Montgomery
Wellness Center Application**

Personal Information

Date of Application: ___/___/___

Are you an AUM Student? ___ Yes ___ No

If yes, Warhawk ID (S#) _____

Name: _____

Date of Birth ___/___/___

Street Address: _____

City/State/Zip _____

Phone: _____

Cell: _____ Email: _____

Permanent Information:

Street Address: _____

City/State/Zip: _____

Phone: _____

Emergency Information

Name of Person to notify: _____

Relation: _____ Phone: _____

Certifications you possess (check all that apply and list expiration dates mm/yyyy):

___ CPR, ___/___ ___ Lifeguard, ___/___ ___ Ropes Course, ___/___

___ First Aid, ___/___ ___ Water Safety Inst. ___/___ ___ Climbing Wall ___/___

___ AED, ___/___ ___ Other: _____ ___/___

Position Advertisement:

___ From a Friend ___ From a current employee

___ Career Development Center ___ AUM Website

___ Other _____

Questionnaire:

1. Have you ever been employed with any other organization or department on campus?

Yes What position(s) and when? _____

No

3. Have you ever been employed by another department at the Wellness Center?

Yes Where and when? _____

No

4. What is your earliest start date? _____

Previous Employment Information:

Employer: _____

Position held: _____

Duties: _____

Dates: _____

Signature

____/____/____

Date