

STEPHEN F. AUSTIN STATE UNIVERSITY
CAMPUS RECREATION DEPARTMENT

An Equal Opportunity Employer

**FITNESS INSTRUCTOR TRAINING WORKSHOP
REGISTRATION FORM**

Employees of the Campus Recreation Department and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender, orientation or age.

Applying for Semester/Year: _____

Applying for position: _____ (List which format of Group Exercise you would like to teach i.e. Yoga, Boot Camp, Etc.)

Full Name: _____
Last First Middle

CID#: _____ Cell or Home Phone: () _____

Shirt Size: _____

Local Address: _____

E-Mail Address (Legible): _____

Have you worked for SFASU before? _____ Where/When? _____

How many more years do you plan to be at SFA? _____ Major: _____

What interests do you have in this workshop/position?

Please list any specific skills or experience you have within Fitness/Group Exercise? _____

Please list in order what area of Group Exercise you are interested in teaching?
(1=Highly Interested- Least Interested= 5)

- ___ Cycling
- ___ Resistance Training (Boot Camp)
- ___ Dance
- ___ Kickboxing
- ___ Mind/Body (Yoga, Pilates)

Comments:

Over please...

WORK EXPERIENCE

List employment positions you have held.

Job Title _____ **Duties:** _____
Employer _____
Location (town) _____
Type of business _____
Dates (mo/yr) _____ to (mo/yr) _____

Job Title _____ **Duties:** _____
Employer _____
Location (town) _____
Type of business _____
Dates (mo/yr) _____ to (mo/yr) _____

Job Title _____ **Duties:** _____
Employer _____
Location (town) _____
Type of business _____
Dates (mo/yr) _____ to (mo/yr) _____

CERTIFICATIONS OR CERTIFICATE OF COMPLETION (Type, Expiration Date, Certifying Agency)

Important Information:

All study material packets will be issued one week prior to the Fitness Instructor Training Workshop.

Date: _____ **Applicant Signature:** _____

OFFICE USE ONLY DO NOT WRITE IN THIS SPACE		
_____ Interviewed	_____ Not Hired	_____ Email Sent
_____ Not Interviewed	_____ Phone Call	_____ Demographics Recorded
_____ Hired	_____ Letter Sent	



SCHEDULING AVAILABILITY

Name: _____ **Phone:** _____ **Job Title:** _____

Email: _____ **# Work hours desired:** _____

class hours this semester: _____

AVAILABILITY: Accurately cross out times you CANNOT work. The reason you cannot work should appear in the notes. Please attach your class schedule.

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

Special requests or comments:
