



SouthFit Hiring Packet

Name:	Date:
Mailing Address:	
City, State, Zip:	
Primary phone:	Other phone:
Email:	How often do you check it?
J#:	SSN (needed for payroll)
Emergency Contact:	Phone:
Relation to you:	

Education (list most recent):

College/University:	
Degree obtained:	Dates of Attendance:

Previous **Fitness** Experience (use the two most recent employers). **Leave blank if you have no experience in a fitness setting.**

Employer:	Dates of Employment:
Contact Person:	Phone:
Number of classes or clients per week:	
Reason for Leaving:	
Employer:	Dates of Employment:
Contact Person:	Phone or Email:
Number of classes or clients per week:	
Reason for Leaving:	

If you have no experience in fitness, please list two other professional references we may contact:

Employer:	Dates of Employment:
Contact Person:	Phone or Email:



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Employer:	Dates of Employment:
Contact Person:	Phone or Email:

Fitness Certifications or Trainings (up to three most relevant). Your certifications **MUST BE CURRENT**.
Please attach copies of your certifications (including CPR/AED).

Cert:	Expiration Date:
Cert:	Expiration Date:
Cert:	Expiration Date:
CPR/AED Expiration Date:	

Hiring Procedure:

USA Students: You will need to make an appointment (with Sarah Schrenk) to go to the Payroll office (AD 280) and present your I-9 documents. Once you have shown your I-9 documents, Payroll will give you an approval form that you bring back to Sarah. You will then sign your hiring paperwork.

USA Employees: Your hiring information is already on file with Human Resources. Teaching non-credit classes at the Recreation Center may require approval from your immediate supervisor. Please give his/her name & phone number here:

Payment:

USA Students: You will be a bi-weekly employee and receive a paycheck every other Friday. The university requires that you are set up for direct deposit. The direct deposit form is in this packet and should be returned to the Payroll Office (AD 280).

USA Employees: Your payment will be added to your University paycheck (either bi-weekly or monthly).



Please read **THOROUGHLY** before signing

This Authorization Agreement **REPLACES** previously filed Authorization Agreements

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL CHECKS

Direct deposit of University of South Alabama Payroll checks is a part of our automated payroll system. Upon your direction, the Payroll Office can deposit your check directly into any bank that is a member of the National Automated Clearing House Association (NACHA).

NOTE: Receipt of this form must meet current Payroll deadlines. Payroll calendars with deadlines may be found at <http://www.southalabama.edu/financialaffairs/payrollaccounting/calendar.html>

▶ Name _____ J Number _____

▶ Work Location _____ Social Security # (optional) _____

I hereby authorize the University of South Alabama to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries made in error to my checking and/or savings account as indicated below. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits on a per pay period basis before writing checks against these funds and that the University of South Alabama is not responsible for bank errors or bank fees.

This authority is to remain in full effect until the University of South Alabama has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the University of South Alabama's or the financial institution's termination of this agreement.

I understand that a new authorization agreement must be completed if I change or close my account(s) listed below or change financial institutions. If any action taken by me results in non-acceptance of the direct deposit by my financial institution, I understand the University of South Alabama assumes no responsibility for processing replacement payment until the funds are returned to the University by my financial institution.

▶ Signature _____ Date _____

Please register your preference on the form below and return it to your Payroll Office.

() Please deposit my check as follows:

***** Please note that this direct deposit form will be applied to all pay frequencies. *****

Deposit to : () Checking (A **VOIDED CHECK** MUST ACCOMPANY THIS AGREEMENT)
 () Savings (Documented proof of account ownership required)

Bank _____

Account _____

AND / OR

Deposit to : () Checking (A **VOIDED CHECK** MUST ACCOMPANY THIS AGREEMENT)
 () Savings (Documented proof of account ownership required)

Bank _____

Account _____

Dollar Amount _____