



SouthFit Hiring Packet

University of South Alabama Department of Campus Recreation—SouthFit Job Descriptions

Job Title: Group Fitness Instructor, Part-Time

Requirements: Current group exercise certification or training from an accredited, nationally-recognized organization and experience leading group fitness classes. Please refer to SouthFit policies for a list of accredited or accepted certifications. Current CPR & AED certification required. First Aid certification a plus.

Primary Job Functions: Lead group fitness classes at the University of South Alabama's Student Recreation Center. Fitness classes will be offered on a semester basis and run concurrent with the academic calendar. Regular & prompt attendance; ability to work schedule as defined.

All group fitness instructors who have taught less than one year with SouthFit must be available two weekends per month to teach a Friday evening, Saturday morning, or Sunday afternoon class. Instructors rotate based on availability.

Salary: \$12.00-\$17.00 per class based on experience and qualifications.

Report to: Sarah Schrenk, Fitness Coordinator. 251-460-7268

Job Title: Personal Fitness Trainer, Part-Time

Requirements: Current personal fitness trainer certification from an accredited, nationally-recognized organization and experience training clients. Please refer to SouthFit policies for a list of accredited or acceptable certifications. Current CPR & AED certification required. First Aid certification a plus.

Primary Job Functions: Train clients at the University of South Alabama's Student Recreation Center. Regular & prompt attendance; ability to work schedule as defined.

Salary: \$12.00-\$20.25 per session based on experience and qualifications.

Report to: Sarah Schrenk, Fitness Coordinator. 251-460-7268



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

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:	
Please describe why you want to work at the Student Recreation Center:	

USA Students, please check that you comply with all of the following:

- I am enrolled at least half-time (6 hours undergraduate students, 3 hours graduate students) and am a degree-seeking student.
- I am at least 18 years of age.
- I understand that if I withdraw from the university, I must cease working immediately.
- I have read and understand the Personnel Policy for Student Employees, found under "Policies" in The Lowdown.
- I understand that during my first year of employment with the Student Recreation Center, I must teach at least two weekend classes per month (group fitness instructors only).
- I understand that I must provide the proper I-9 documentation prior to hiring.

USA Faculty/Staff, please check that you comply with all of the following:

- I understand that if I cease my primary employment with the university, I must also cease working at the Student Recreation Center.



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.

<input type="checkbox"/> Please deposit my check as follows:	
*** Please note that this direct deposit form will be applied to all pay frequencies. ***	
Deposit to :	<input type="checkbox"/> Checking (A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT)
	<input type="checkbox"/> Savings (Documented proof of account ownership required)
Bank	_____
Account	_____
AND / OR	
Deposit to :	<input type="checkbox"/> Checking (A VOIDED CHECK MUST ACCOMPANY THIS AGREEMENT)
	<input type="checkbox"/> Savings (Documented proof of account ownership required)
Bank	_____
Account	_____
Dollar Amount	_____

NOTE: Apply these changes to: Payroll Accounts Payable (example: tuition reimbursements, travel reimbursements, supply reimbursements, etc.)

Due to timing delays these changes may not be applied to Accounts Payable banking accounts immediately. If it is imperative that this change be made in Accounts Payable, it is the employee's responsibility to contact Accounts Payable. This change will not be provided to Student Accounting.

E-Mail Address : _____