

**UNIVERSITY AT BUFFALO DIVISION OF ATHLETICS
EMPLOYMENT APPLICATION
RETURN TO OFFICE OF COMPLIANCE
(Please print or type)**

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

Are you a student-athlete? Yes (complete section A) No

Are you a coach? Yes (complete section B) No

SECTION A (Student-Athlete)

Sport _____

Receiving scholarship: Yes No

Institution Attending: _____

Position desired: _____
(i.e. Concessions, R&I, Tickets, etc.)

Dates of planned employment summer fall semester spring semester

SECTION B (Coach)

Are you applying for a summer camp coaching position? No Yes Sport _____

Are you applying for a coaching position? No Yes Sport _____

Years of coaching experience: college _____ UB summer camp _____
High school _____ Other _____
(i.e. AAU coach, club coach)

Have you ever been a volunteer Assistant Coach at UB? Yes No

I attest that the information given above is true and accurate.

Signature

Date

Compliance Office Use Only

The employee is only certified for employment for the period specified. If employment is desired for an additional period, the employment must be recertified.

Signature of Compliance Office

Date