

**UNIVERSITY OF KANSAS
DEPARTMENT OF HEALTH, SPORT, AND EXERCISE SCIENCES**

**APPLICATION FORM FOR TEACHING AND RESEARCH
DEPARTMENTAL ASSISTANTSHIPS**

Name _____ KUID _____

Present Address _____ Social Security _____

_____ Phone _____

Permanent Address _____ Phone _____

Duration of your availability: from _____ to _____

Degree sought: M.S.E. _____ Major specialties: _____

Ed. D. _____

Ph.D. _____

Undergraduate degree earned from _____ overall GPA _____

Graduate degree earned from _____ overall GPA _____

Previous Work Experience:

Teaching Health, Physical Education, Recreation or Dance

Supervision in School Recreation, Intramurals, or Municipal Recreation

Laboratory experience in Exercise Physiology, Kinesiology, Perceptual Motor Development

Other work related to any of the above

Work in areas other than HSES

Publication, paper presentations professional association memberships

Please check the activities courses in the following list which you can teach at the college level. Put two (XX's) if you are very strong in that activity and one (X) if average in knowledge and ability.

I. Skill Instruction in:

- | Basic | Intermediate | |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Aerobics (certification preferred) |
| <input type="checkbox"/> | <input type="checkbox"/> | Aerobics Kick Boxing |
| <input type="checkbox"/> | <input type="checkbox"/> | Aerobic Water Exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Pistol |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Rifle |
| <input type="checkbox"/> | <input type="checkbox"/> | Backpacking |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic Fire Arms |
| <input type="checkbox"/> | <input type="checkbox"/> | Basketball |
| <input type="checkbox"/> | <input type="checkbox"/> | Disk Golf |
| <input type="checkbox"/> | <input type="checkbox"/> | Golf |
| <input type="checkbox"/> | <input type="checkbox"/> | Gymnastics |
| <input type="checkbox"/> | <input type="checkbox"/> | In-Line Skate |
| <input type="checkbox"/> | <input type="checkbox"/> | Jogging |
| <input type="checkbox"/> | <input type="checkbox"/> | Judo |
| <input type="checkbox"/> | <input type="checkbox"/> | Karate |
| <input type="checkbox"/> | <input type="checkbox"/> | Lifesaving (WSI required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Marathon & 10 K Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Conditioning |
| <input type="checkbox"/> | <input type="checkbox"/> | Racquetball |
| <input type="checkbox"/> | <input type="checkbox"/> | Sand Volleyball |
| <input type="checkbox"/> | <input type="checkbox"/> | Soccer |
| <input type="checkbox"/> | <input type="checkbox"/> | Spinning |
| <input type="checkbox"/> | <input type="checkbox"/> | Square & Ballroom Dance |
| <input type="checkbox"/> | <input type="checkbox"/> | Swimming (WSI preferred) |
| <input type="checkbox"/> | <input type="checkbox"/> | Swing Dance |
| <input type="checkbox"/> | <input type="checkbox"/> | Tennis |
| <input type="checkbox"/> | <input type="checkbox"/> | Track & Field |
| <input type="checkbox"/> | <input type="checkbox"/> | Ultimate Frisbie |
| <input type="checkbox"/> | <input type="checkbox"/> | Volleyball |

V. List order of Teaching/Lab Preference

1. _____
2. _____
3. _____
4. _____
5. _____

VI. Assignment Time

Indicate the time you will be available to work:

- 1/2 time (20 hours per week)
 1/4 time (10 hours per week)
 1 class per week

VII. List type of certification for the following, if applicable.

1. Aerobics _____

2. Swimming _____

II. Health Education

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Drug Education |
| <input type="checkbox"/> | <input type="checkbox"/> | Exercise & Fitness for Living |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal & Community Health |

List sports that you have coached at the junior high, high school, or college level.

1. _____
2. _____
3. _____
4. _____
5. _____

III. Physical Education

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Elementary School P.E. |
| <input type="checkbox"/> | <input type="checkbox"/> | Officiating Basketball |
| <input type="checkbox"/> | <input type="checkbox"/> | Officiating Softball |
| <input type="checkbox"/> | <input type="checkbox"/> | Officiating Track & Field |
| <input type="checkbox"/> | <input type="checkbox"/> | Officiating Volleyball |

IV. Laboratories

Please check the laboratory areas in which you have had preparation:

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Exercise Physiology |
| <input type="checkbox"/> | <input type="checkbox"/> | Biomechanics (Kinesiology) |
| <input type="checkbox"/> | <input type="checkbox"/> | Perceptual Motor Development |