



Township of Maplewood

Maplewood, New Jersey 07040

Telephone (973) 762-8120

Department of Community Services APPLICATION FOR EMPLOYMENT

Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.

All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, marital status, ancestry, age, veteran status, disability, eligibility for service in the armed forces or other non-merit factors.

PLEASE PRINT USING BALLPOINT PEN

Date of Application: _____

Interested in (select all that apply):

- _____ Kids Camp Staff
- _____ Park Attendant
- _____ Building Attendant
- _____ Pool Staff
- _____ Front Desk
- _____ Maintenance Staff
- _____ Custodial Staff
- _____ Fitness Instructor
- _____ Swim Team Coach (must be CPR certified)
- _____ Lifeguard

Position Applying For: _____

PERSONAL INFORMATION

FULL NAME (LAST FIRST MIDDLE) _____

PRESENT STREET ADDRESS _____

CITY, STATE ZIP _____

DAYTIME PHONE # (____) _____ EVENING PHONE # (____) _____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP BEFORE? YES NO

IF YES, WHEN? (LIST DATES AND POSITIONS) _____

HOW WERE YOU REFERRED TO THE TOWNSHIP FOR EMPLOYMENT? _____

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? YES NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO

IF YES, PLEASE EXPLAIN _____

FILL OUT THE FOLLOWING ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE.

DRIVER'S LICENSE # _____ STATE _____

SCHEDULE AVAILABILITY & DESIRED SALARY

A. DATES AVAILABLE FOR EMPLOYMENT: FROM _____ TO _____

ALL CAMP STAFF WILL BE REQUIRED TO WORK THE FULL EIGHT WEEKS. VACATION DAYS WILL NOT BE GRANTED. EXCUSED ABSENCES MAY BE GRANTED, SUCH AS: COLLEGE ORIENTATION AND/OR DOCTOR'S APPOINTMENT. PROPER PAPERWORK IS REQUIRED FOR THESE REQUESTS WITH APPROVAL FROM CAMP DIRECTOR.

I UNDERSTAND AND WILL BE AVAILABLE FOR THE FULL EIGHT WEEKS OF THE PROGRAM

B. ARE YOU AVILABLE TO WORK EARLY WEEKDAY MORNINGS? YES NO

C. ARE YOU AVILABLE TO WORK WEEKDAY EVENINGS YES NO

D. ARE YOU AVILABLE TO WORK ON THE WEEKENDS YES NO

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE EMPLOYER AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS

WAGE/SALARY EXPECTED _____

EDUCATION

NAME OF SCHOOL: _____

CHECK ONE: HIGH SCHOOL UNDERGRADUATE GRADUATE STUDENT

EXPECTED YEAR OF GRADUATION: _____ MAJOR: _____

(COLLEGE/UNIVERSITY STUDNETS ONLY)

EMPLOYMENT HISTORY

NOTE: CAN INCLUDE LEADERSHIP/VOLUNTEER EXPERIENCE

NAME OF ORGANIZATION OR EMPLOYER: _____

ADDRESS: _____ PHONE: _____

DATE OF INVOLVEMENT: (FROM) _____ (TO): _____

SUPERVISOR NAME: _____ JOB TITLE: _____

DUTIES: _____

PERSONAL OR BUSINESS REFERENCES

DO NOT INCLUDE RELATIVES

1	NAME	DAYTIME PHONE #
ADDRESS		HOME PHONE #
CITY, STATE, ZIP		RELATIONSHIP
HOW LONG KNOWN		
2	NAME	DAYTIME PHONE #
ADDRESS		HOME PHONE #
CITY, STATE, ZIP		RELATIONSHIP
HOW LONG KNOWN		

NOTIFICATION & AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED BY THE EMPLOYER. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE EMPLOYER'S RULES AND REGULATIONS, AND UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE EMPLOYER OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE EMPLOYER, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT SIGNATURE _____ DATE _____