

TOWNSHIP OF MORRIS PARKS AND RECREATION DEPARTMENT
50 WOODLAND AVENUE, P.O. BOX 7603
CONVENT STATION, NJ 07961-7603
973-326-7371 Fax 973-605-8363

Date_____

SEASONAL MAINTENANCE EMPLOYMENT APPLICATION - 2018

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ ZIP _____ Tele.# _____

Soc. Sec. # (REQUIRED) _____ - _____ - _____ Driver Lic.# _____

E-Mail _____ Fax # _____ Cell # _____

Park & Pool Maintenance employees must be 18 years of age or older and possess a valid New Jersey Driver's License. All new employees over 18 years of age are subject to a criminal history record check.

- | | Yes | No |
|---|------------|-----------|
| *Are you 18 yrs. old or older? | () | () |
| *Have you ever filed an application with us before?
If yes, give date: _____ | () | () |
| *Have you ever been employed with us before?
If yes, give date: _____ | () | () |
| *May we contact your present employer? | () | () |
| *Are you prevented from lawfully being employed in this country
because of Visa or Immigration Status? | () | () |

EDUCATION INFORMATION:

(CIRCLE YEARS)

H.S. Attended: _____ Years Completed thru 6/2018: 1 2 3 4

Diploma: YES () NO () Date Received: _____

College Attended: _____ Years Completed thru 5/2018: 1 2 3 4

Degree: YES () NO () Date Received: _____

EMPLOYMENT HISTORY (List your most recent employer first) Both paid and/or volunteer positions.

Employer _____ Address _____
Phone # _____ Job Title _____
Job Duties _____
Starting Date _____ Ending Date _____
Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Job Title _____
Job Duties _____
Starting Date _____ Ending Date _____
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Starting Date _____ Ending Date _____
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EXPERIENCE & BACKGROUND:

Please list below any allied experience which you feel would aid the position being applied for: (Example – cutting lawns, maintain pools, etc.) _____

When would you be available for employment? _____

What date would you have to terminate employment? (Example: leave for college)

Date: Month _____ Day _____ **Reason :** _____

Do you have any plans that would interrupt your ability to work between May 1, 2018 and September 4, 2018? (Example– family vacations, sports camps, school travel, service group trips, fall sports)
Yes () No ()

If yes, please explain and list dates: _____

When would you be available for an interview? Month _____ Date/Days _____

Have you had a physical examination within the last year? YES () NO ()

Date: ___/___/___ Doctor: _____

Address: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name Address Tel. #

Please list below two (2) references: (Do not include relatives)

Name:

Address:

Position:

Tel. #

PLEASE READ AND SIGN THIS APPLICANT’S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 150 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

Please attach copies (front & back) of all appropriate certifications

FOR OFFICE USE ONLY :
