

TOWNSHIP OF MORRIS PARKS AND RECREATION DEPARTMENT- 2019

50 WOODLAND AVENUE, PO BOX 7603
CONVENT STATION, NEW JERSEY 07961-7603
973-326-7371 Fax 973-605-8363

**PROGRAM APPLICATION
SUMMER / WINTER/ SPRING POSITIONS
WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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

PERSONAL INFORMATION

Name _____ Home Phone # _____

Mailing Address _____

City/State/Zip _____

Driver's License # _____ Social Security# _____

E Mail _____ Cell Phone # _____

	YES	NO
*Are you over 18 years of age?	()	()
*If 17 years of age or younger, can you provide required Working Papers?	()	()
*Have you filed any application with us before? (If yes, please give date _____).	()	()
*Have you ever been employed with us before? (If yes, please give date _____).	()	()
*Are you currently employed?	()	()
*May we contact your present employer?	()	()
*Are you prevented from lawfully being employed in this country due to Visa or Immigration Status?	()	()
*Are you currently on "lay-off" status and subject to recall?	()	()
*Have you been convicted of a felony within the last 7 years?	()	()
If YES, please explain: _____		

**All new employees over 18 years of age are subject to a criminal history check.*

NOTE: ALL PERSONNEL HIRED FOR SUMMER EMPLOYMENT ARE EXPECTED TO FULFILL THE EMPLOYMENT DATES.

POSITION APPLYING FOR:

Arts & Crafts Instructor _____	Pre-School Teacher _____
Basketball Instructor _____	Softball Inst.(men) _____
Gymnastics Instructor _____	Softball Inst. (women) _____
Little Theater Supervisor _____	Sports Director _____
Maintenance Worker _____	Tennis Inst _____
Playground Director _____	Volunteer _____
Playground Assistant Director _____	Other _____

EDUCATION INFORMATION:

High School attended: _____

Circle year completed: 1 2 3 4

Diploma: Yes () No () Date received _____

College Attended: _____
Circle year completed 1 2 3 4
Diploma Yes () No () Date received _____

Indicate any foreign language you can speak, read and /or write:
 FLUENT GOOD FAIR

SPEAK _____
READ _____
WRITE _____

EMPLOYMENT HISTORY List your most recent employer first, both paid and/or volunteer positions.

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

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Phone # _____ JobTitle _____
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Job Duties _____
Starting Date _____ Ending Date _____ Reason for Leaving _____

EXPERIENCE BACKGROUND

1. Circle the activities listed below in which you have participated:

- | | | | | |
|--------------|---------------|------------|---------------|--------------|
| Scouts | 4-H | Softball | Basketball | Volleyball |
| Baseball | Badminton | Gymnastics | Tennis | Soccer |
| Arts/crafts | Choral | Glee Club | Vocal | Dance |
| Instrumental | Acting | Theater | Improvisation | Social Games |
| Table Games | Story Telling | Other | | |

2. Please list below any experience which you feel would aid the position for which you are applying:
(Example- working with children, baby sitting, etc.)

3. Have you ever worked with large groups of children? Yes () No ()

4. Other skills, activities, training, awards that may be relevant: _____

PRE-EMPLOYMENT INFORMATION

1. When would you be available for employment? _____

2. When would you be available for an interview? _____

3. What date would you have to terminate employment? _____
FAILURE TO FULFILL EMPLOYMENT TERM MAY BE CAUSE FOR NOT REHIRING FOR FUTURE EMPLOYMENT.

4. Would you have transportation available? Yes _____ No _____

5. **Do you have any plans that would limit your ability to work between July 1, 2019 and August 9, 2019?** (Example– family vacations, school travel, service group trips, sports camps) Yes () No ()
If yes, please explain and list dates:

6. Would you be interested in working occasional additional hours to help with the Department’s Special Events? (Evenings and Weekends) Yes _____ No _____

7. Have you had a Physical Examination within the last year? Yes _____ No _____
Date _____

8. Please list below three references. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	POSITION	PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name _____ Phone # _____

Address _____

Relationship to Applicant _____

PLEASE READ AND SIGN THIS APPLICANT’S STATEMENT:

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

This application for employment shall be considered active for a period of time not to exceed 90 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 Employee at any time with or with out 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.

Applicant’s Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY (MINOR)

I, the parent of (name of employee/volunteer) _____, a minor, agree that, in consideration of being allowed to participate, the employee and I will abide by the rules of the Township of Morris Parks and Recreation Program and its affiliated organizations and contractors. Recognizing the possibility of physical injury associated with all sports and recreation programs and activities, I hereby release, discharge, hold harmless and/or otherwise indemnify the Township of Morris, its officials, employees, agents, and associated volunteer personnel, against any claim by or on behalf of the employee as a result of the employee's work in the Program. I represent that the employee/volunteer has no physical or mental limitation that would preclude him/her from participating in this work. I knowingly and freely assume all such risks and assume all such responsibility to the fullest extent permitted by law. I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without and inducement.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As parent /legal guardian of (name of employee/volunteer) _____, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also confirm that my child is physically and mentally capable and qualified to participate in this work. It is my affirmative obligation to bring any limitations my child may have to the attention of the Township of Morris Parks & Recreation Program.

Name of Parent/Guardian (please print) _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY:

EMPLOYMENT INTERVIEW INFORMATION (TO BE FILLED OUT BY PARKS & RECREATION ADMINISTRATIVE PERSONNEL).
