



350 Dunhams Corner Road
 East Brunswick, NJ 08816
 732-390-6797
www.eastbrunswick.org

For Office Use Only: Date: _____
 Rate: _____
 Position: _____
 Location: _____

"An equal opportunity and ADA Employer"
EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION
 REQUESTED EXCEPT SIGNATURE)

DATE: _____

NAME: _____ SOCIAL SECURITY # _____
Last First Middle

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE #: (HOME) _____ (CELL) _____

DRIVERS LICENSE #/STATE: _____ Expiration Date: _____

E-MAIL: (Home) _____ (School) _____

ARE YOU CURRENTLY OR PREVIOUSLY EMPLOYED BY THE TOWNSHIP, LIBRARY OR CRYSTAL SPRINGS?
 () YES () NO DEPARTMENT: _____ DATE(S): _____

ARE YOU A CITIZEN OF THE UNITED STATES? () YES () NO

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? () YES () NO

IF YOU HAVE BEEN CONVICTED OF ANY OFFENSE, OTHER THAN A TRAFFIC VIOLATION, DESCRIBE HERE: _____

EDUCATION:

| | | | | | | |
|--------------|--|----------------|-----------------|------------------|------------------|------------------|
| High School: | | Current Grade: | 9 th | 10 th | 11 th | 12 th |
| College: | | Current Year: | | | | |
| Study Major: | | Degree Earned: | | | | |

| | | | | |
|--|------|--------|---|----|
| Gender: | Male | Female | | |
| T-Shirt Size: | S | M | L | XL |
| <small>(shirts run small, order bigger size)</small> | | | | |

Please tell us how you heard about our Camp Program:
 Newspaper EBTV Job Expo
 WebPage School _____
 Friend/Family _____
 Previous Camp Employee _____
Specify which year(s)

Position(s) Applied For:
 Please specify 1st choice if more than one is checked

Site Director Arts & Crafts Specialist
 Counselor Games & Activities Specialist
 Substitute Counselor

Grade you would like to work with:
 Please specify 1st choice if more than one is checked.

| | |
|--|--|
| <u>Half Day(6 weeks)</u> | <u>Full Day (7 weeks)</u> |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st - 3 rd grade |
| <input type="checkbox"/> 1 st - 3 rd grade | <input type="checkbox"/> 4 th - 5 th grade |
| <input type="checkbox"/> 4 th - 5 th grade | <input type="checkbox"/> 6 th - 7 th grade |
| <input type="checkbox"/> 6 th - 7 th grade | <input type="checkbox"/> 8 th - 9 th grade |
| <input type="checkbox"/> 8 th - 9 th grade | <i>*must be 18 years of age to work full day</i> |

DAY CAMP BEGINS W/MANDATORY ORIENTATION

Mon. June 8, 2009 - Half Day Staff 7:30 - 9:30 pm
 Thurs. June 11, 2009 - Full Day Staff 7:30 - 9:30 pm
 SENIOR CENTER

~~~~~

Sunday June 14, 2009 - ALL STAFF 8:30 am - 3:30 pm  
 Location : TBA

If you WILL NOT BE 18 YEARS OF AGE BY JUNE 1, 2009 ~  
 Working papers will be required Check here if applicable:

**(WORKING PAPERS WILL BE ISSUED FROM THE  
 RECREATION OFFICE)**

**EMPLOYMENT EXPERIENCE**

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Number of Employers in Last 5 Years: _____ | Number of Positions in Last 5 Years: _____ |
| May we contact Present Employer? Yes No    | May we contact Previous Employer? Yes No   |

**Please list your work experiences beginning with your most recent job held.  
Please include Military assignments and Volunteer Activities.**

|                                  |        |        |
|----------------------------------|--------|--------|
| Name of Employer:                |        |        |
| Address / Phone #:               |        |        |
| Supervisor's Name:               |        |        |
| Pay or Salary:                   | Start: | Final: |
| Employment Dates:                | From:  | To:    |
| Worked Performed:                |        |        |
| Reason for Leaving:(Be specific) |        |        |

|                                   |        |        |
|-----------------------------------|--------|--------|
| Name of Employer:                 |        |        |
| Address / Phone #:                |        |        |
| Supervisor's Name:                |        |        |
| Pay or Salary:                    | Start: | Final: |
| Employment Dates:                 | From:  | To:    |
| Worked Performed:                 |        |        |
| Reason for Leaving: (Be specific) |        |        |

**Do you have any Special Licenses, Experiences or Skills:**

**REFERENCES: (Two references other than relatives or previous employees)**

| <u>Name</u> | <u>Address / Phone #</u> | <u>Occupation</u> |
|-------------|--------------------------|-------------------|
|             |                          |                   |
|             |                          |                   |

**AGREEMENT - Please read carefully before signing**

**I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date