MTSEPA Camp Application

TOWNSHIP OF MONROE
One Municipal Plaza
Monroe Township, NJ 08831

For Employment

We consider applications for all positions without regard to race, color, religion, sex, origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For: _____

_____
(Last Name) (First Name) (Middle Name)

_____
(Address) (Number) (Street)

_____
(City) (State) (Zip Code)

_____ _____ _____
(Telephone Number(s)) (E-mail Address) (Social Security No.)

Are you CPR Certified? YES NO If yes, date of expiration _____ (MM/YYYY)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____
If Yes, give date_____

Have you ever worked with us before? Yes _____ No _____
If Yes, give date_____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)

Yes _____ No _____

EDUCATION	**Name and Location of School**	**No. of Years Attended**	**Did You Graduate?**	**Subjects Studied**
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR COORESPONDENCE SCHOOL				

Reference

Give name, address and telephone number of three (3) references who are not related to you and who are not previous employers: 1.
2.
3.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		**Dates Employed**		**Work Performed**
		From	**To**	
Address				
		Hourly Rate/Salary		
Telephone Number(s)		**Starting**	**Final**	
Job Title	**Supervisor**			
Reason for Leaving				
Employer		**Dates Employed**		**Work Performed**
		From	**To**	
Address				
		Hourly Rate/Salary		
Telephone Number(s)		**Starting**	**Final**	
Job Title	**Supervisor**			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes _____ No _____

If Yes, what can be done to accommodate your limitation?

_____

Applicant Signature:_____ Date:_____