

# Summer Rec 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: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

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

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**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?

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_