



Town of West New York
Department of Public Affairs
Division of Recreation
Mayor Felix E. Roque, MD
Commissioner Cosmo A. Cirillo

Application for Seasonal Employment

Date: _____

Personal Information

Name:

Last	First	Middle
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Address:

Street	(Apt.)	City, State	Zip
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Contact Information: () _____

Mobile

Email

Do you have a valid driver's license? Yes _____ No _____

Social Security: _____

Date of Birth: _____

Have you ever been convicted of a felony? Yes _____ No _____

If Yes, Please explain.

If you are eighteen years of age or older and chosen for employment, would you consent with undergoing a mandatory background check conducted by the New Jersey State Police?

Yes _____ No _____ I am under the age of eighteen _____

Please list any physical limitations which would preclude you from performing the job duties for any of the positions for which you are applying.

Emergency Contact: _____ City/State _____ Phone: _____

Work History

Do you have a preference in placement? If so, please check one. Pool Board of Education
Town Hall Summer Camp Department of Public Works

If you are you applying for a Lifeguard position, are you certified in either of the following?

CPR Certified Lifeguard Certified

Have you worked for the Division of Recreation before? Yes _____ No _____

If yes, what title did you hold and for how long? _____

REFERENCES (*List below the names of three persons not related to you whom you have known at least one year.*) **Name City/State Phone Business Years known**

- 1. _____
- 2. _____
- 3. _____

Please list other credentials which are relevant to the job(s) for which you are applying.

Education

School last attended: _____ Grade level completed: _____

Please list extracurricular activities: _____

If you are currently in school, what is your grade point average? (G.P.A) _____

Will you be attending summer school? Yes _____ No _____

STATEMENT OF CERTIFICATION AND UNDERSTANDING

By signing below, I certify that the information I have provided in this application, is completed and true to my knowledge. I understand that submitting this application is for consideration of employment only and may not result in an interview or continued processing of any kind. I understand if I am hired as a Recreational Seasonal Employee, any false or misleading information provided in this application form, could and may lead to my termination at any time without prior notice, procedure or formality. In addition, my signature serves as my authorization to perform a background check and investigation on any or all information I have provided. My signature acknowledges my understanding that the employment opportunities are of "Seasonal Status" and that NO employment opportunities are eligible for any unemployment services or health benefits.

Date: _____

Signature: _____

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West New York, NJ 07093
www.WNYRec.org