



TOWN OF DOVER

Recreation Department
 Summer Employment Application
 37 N. Sussex Street
 Dover, NJ 07801
 Office: 973-366-2200x1169 Fax: 973-343-0188

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

Personal Information

Last Name	First Name	Middle Name	Today's Date
-----------	------------	-------------	--------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Cell Phone: (____) _____ - _____	Title of Position Applying For: _____ Days Available to Work: ___M ___T ___W ___Th ___F Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Home Phone: (____) _____ - _____	
Email: _____	

Are you 18 or over? ___Yes ___No Have you ever been convicted of a felony within the last 7 years? ___Yes ___No
 (Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

Languages

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any background, skills, training, responsibilities or experiences with children. _____ _____ _____	Education	# of Years Completed	Degree
	High School		
	College		
	Graduate School		

Have you been previously interviewed or employed by the Town of Dover or Dover Recreation Dept.? ___Yes ___No
 If Yes, list date(s) and job title(s): _____

 (Print Name of Applicant)

 (Signature of Applicant)