



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: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the United States? ____Yes ____No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>
Home Phone: (____) _____ - _____	
Email: _____	Social Security #: _____ - _____ - _____

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 _____

Title of Position Applying For: _____ What date would you be available to start work? ____/____/____ Can you travel if the job requires it? ____Yes ____No	Days Available to Work: ____S ____M ____T ____W ____Th ____F ____S Are you available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
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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): _____

Are you employed now? ____Yes ____No If so, may we contact your present employer? ____Yes ____No

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent. (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:

Dates Employed:

Job Title:

From _____ To _____

Address:

Telephone:

Job Duties:

Weekly Pay Start: Finish:

Reason for Leaving:

Employer:

Dates Employed:

Job Title:

From _____ To _____

Address:

Telephone:

Job Duties:

Weekly Pay Start: Finish:

Reason for Leaving:

Employer:

Dates Employed:

Job Title:

From _____ To _____

Address:

Telephone:

Job Duties:

Weekly Pay Start: Finish:

Reason for Leaving:

Languages				
		FLUENT	GOOD	FAIR
SPEAK				
READ				
WRITE				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

I certify that the answer given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization as of an "At Will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be charged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

(Print Name of Applicant)

(Signature of Applicant)

Date: ____/____/____

FOR PERSONNEL USE ONLY

Arrange Interview: ___ Yes ___ No

Remarks:

Interviewer: _____

Date: ____/____/____

Approved: ___ Yes ___ No

Start Date: ____/____/____

Hourly Rate/Salary: \$ _____

Job Title: _____

Department: _____

Signature: _____