

## **2016 Summer Seasonal Employment Opportunity**

Summer Day Camp and Playground Counselors are needed for summer 2016.  
Applications are being accepted January 4, 2016 – May 1, 2016.

Applicants must have one year of college.

Applications can be obtained at the following locations:

1025 John St. Linden, NJ  
605 S. Wood Ave. Linden, NJ  
330 Helen St. Linden, NJ

You can also download an application from our website: [www.linden-nj.org](http://www.linden-nj.org)  
(Click on the Recreation tab on the right hand side.)

Please submit your completed application to Ms. Nancy Braxton at 1025 John St.  
For further questions, please call: (908) 474-8639.

Day Camp & Playground Director: Jennifer MacDonald  
Program Coordinator: Nancy Braxton  
Playground Supervisor: Austin Frank



# Seasonal Program

## Application For Employment

City of Linden  
 Public Property and Community Services  
 605 S. Wood Ave.  
 Linden, NJ 07036  
 (908) 474-8600

Al MacDonald  
 Director



We consider applicants for all positions within our seasonal program limitations. Linden Recreation Summer programs are an equal opportunity employer. We hire without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT CLEARLY**

Position Applying For	Date of Application
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Last Name	First Name	Middle Name		
Address (number, street)		City	State	Zip Code
Telephone Number (cell or best contact number)		Social Security Number		
(     )     -     (     )     -     (     )     (     )     (     )				

**\*If you are applying for our Summer Day Camp/Playground Director/Assistant Director positions, please note, Linden Recreation requires at least ONE year of college experience before hire.**

**Important: \*Each applicant is subject to a mandatory background check prior to hiring.\***

Please check the box that applies to you

Have you ever been employed with the City of Linden before?  Yes  No

If yes, give date \_\_\_\_\_

May we contact your current employer for a reference?  Yes  No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required upon employment)  Yes  No

Have you been convicted of a felony within the last 7 years?  
 If YES, please explain \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Seasonal

Can you travel if your job requires it?  Yes  No

On what date are you available for work? \_\_\_\_\_

**Please indicate any additional languages you can speak, read or write.**

Language	Speak	Read/Write

Below, fill in the boxes as detailed as possible.

Describe any job related experiences that may be an asset to the position you are applying for (i.e.- communication skills, experience instructing/teaching children, participation in recreational activities, etc.)

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Describe any special skills you possess that may be helpful to us as we consider your application (i.e.- arts and crafts, games, sports, creativity, etc.)

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**“I understand the application I have filled out thus far. I have provided correct and updated information and comply with the Linden Recreation application process.”**

Please sign and date below if you agree with the above statement.

Name: \_\_\_\_\_

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

## Employment Experience

Below, we ask that you list all of your prior employment experience starting with your most recent or current job.

1.

Place of Business	Date Employed	Work Performed
Employer	____/____ to ____/____	
Supervisor's name	Hourly Rate/Salary	
Telephone Number	\$ _____	
Job Title (full title)		
Address (city, state, zip)		

2.

Place of Business	Date Employed	Work Performed
Employer	____/____ to ____/____	
Supervisor's name	Hourly Rate/Salary	
Telephone Number	\$ _____	
Job Title (full title)		
Address (city, state, zip)		

3.

Place of Business	Date Employed	Work Performed
Employer	____/____ to ____/____	
Supervisor's name	Hourly Rate/Salary	
Telephone Number	\$ _____	
Job Title (full title)		
Address (city, state, zip)		

4.

Place of Business	Date Employed	Work Performed
Employer	____/____ to ____/____	
Supervisor's name	Hourly Rate/Salary	
Telephone Number	\$ _____	
Job Title (full title)		
Address (city, state, zip)		

## Education

Please inform us of your prior education. If you are currently in College please specify.

School Name	Address of School	Course of Study	Years Completed	Diploma/Degree Earned
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Note: \*We require at least one year of college to apply for the assistant director position for our Summer Day Camp Program.

## References

Below, please list at least three references. We ask that two of the three references be a former employer, boss, supervisor, teacher or professor.

1. Name _____	Phone (_____) _____
Address _____	Relation _____
2. Name _____	Phone (_____) _____
Address _____	Relation _____
3. Name _____	Phone (_____) _____
Address _____	Relation _____

# Employment Agreement

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I certify that all answers 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.

I agree to all information stated in this application. I understand there will be a mandatory background check if my application is considered. This agreement is strictly for the application process, not what the job entails. If I am hired by the Linden Recreation Department, I understand there will be an interview process and an official agreement with rules and regulations not stated in this Employment Application.

I agree that I am capable of performing in a reasonable manner, the activities, involved in the job or occupation for which I am applying.

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

By signing below, I agree to the aforementioned statement.

Name of Applicant (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## OFFICIAL USE ONLY (Please DO NOT write below this line)

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Please do not write in this box

Arranged Interview?  Yes  No How was interview arranged?  Phone  In Person  Email

Date of arranged interview \_\_\_\_\_ / \_\_\_\_\_ Time of arranged interview \_\_\_\_\_ am/pm

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: (print name) \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_