2020 LINDEN SUMMER SEASONAL EMPLOYMENT OPPORTUNITIES

Summer Day Camp and Playground Counselors are needed for Summer 2020

Applications are being accepted January 13, 2020 - April 3, 2020

(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 on our website:
Go to http://www.linden-nj.org and then scroll down, click on forms, scroll down to Recreation, and then click on Seasonal Employment Application.

Please submit your completed application to Linden Parks & Recreation at the Community Center Building, 605 S. Wood Ave. 2nd FL., Linden, NJ 07036

City of Linden
NEW JERSEY
Community. Diversity. Progress.

For further questions, please call: (908) 474-8600

Seasonal Program
Application For Employment

City of Linden
Parks and Recreation
605 S. Wood Avenue, Linden, NJ 07036
(908) 474-8600

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

_____ Internet _____ Friend/Relative
_____ Employment Agency _____ Walk-In _____ Other _____

Last Name	First Name	Middle Name

Address Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work/or working papers? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever worked for a public/government employer? ☐ Yes ☐ No

If yes identify the name of the employer, dates worked, type of separation of service.

_____

Are you or have you ever been a member of any Public Employees Retirement System? ☐ Yes ☐ No

If yes indicate name and membership number. _____

Are you a Veteran? ☐ Yes ☐ No

If yes, have you established Veteran's preference with the N.J. Civil Service Commission ☐ Yes ☐ No

Are you engaged in any business activity or employment which you plan to continue if employed by the City? If yes, your outside employment will be subject to further review regarding conflicts of interest. ☐ Yes ☐ No

If Yes, please explain _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Are you currently employed?

On what date would you be available for work? ☐ Yes ☐ No

Are you available to work: ☐ Full Time Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

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Do you have any relatives who work for the City or are currently elected officials? If so please name the individuals. ☐ Yes ☐ No

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Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write, including sign language, in which you are proficient enough to communicate on the job and are willing to use on the job, if so please list the languages.

Describe any specialized training, apprenticeship, skills and extra-curricular activities, licenses (CDL, Trade, military, etc.)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

		Other Computer Programs	Specialized Equipment
___	Word		
___	Excel		
___	Power Point		
___	Billing System		

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ No

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, disabilities or other protected status.

			Dates Employed		
			From	To	Work Performed
1.	Employer				
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer				
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer				
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that 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, including the release of my personnel records from other employers, but excluding medical records unless I authorize a HIPAA release form.

This application for employment shall be considered active for a period of time not to exceed 45 days unless otherwise required by state statute or regulation requires to remain open for a longer duration. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is 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 relatonship may not be changed 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. From your employment with the City at the time of the City's discovery of the false or misleading information.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

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Arrange Interview ☐ Yes ☐ No

Remarks: _____

Interviewer _____ Date _____

Employed: ☐ Yes ☐ No

Date of Employment: _____ Hourly Rate Salary: _____

Job Title: _____ Department: _____

By: _____

Name and Title _____ Date _____

NOTES: _____

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

	Specialized Machinery	Other Computer Programs
_____ Word	_____	_____
_____ Excel	_____	_____
_____ Power Point	_____	_____
_____ Billing System	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

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

FOR PERSONNEL DEPARTMENT USE ONLY

F Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

_____

Date _____