

APPLICATION FOR EMPLOYMENT

Department of Parks and Recreation City of Trenton

The City of Trenton is an Equal Opportunity Employer and shall not discriminate in the hiring, promotion, discharge, pay, fringe benefits, or other aspects of employment on the basis of race, color, religion, sex, marital status, or national origin.

FIRST NAME _____ MIDDLE _____ LAST NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

E-MAIL ADDRESS _____

PHONE # () HOME CELL WORK PHONE # () HOME CELL WORK

POSITION(S) APPLYING FOR: Concession Aide Golf Instructor Rink Attendant Tennis Instructor
 Cultural Center Lifeguard Skate Instructor Zamboni Driver
 Fitness Instructor Marina Attendant S.N.A.P. (18+) Other (specify): _____

DATES AND HOURS AVAILABLE: (Please keep in mind the availability of schedulable dates and hours may fluctuate)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	_____	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____	_____

1. WHAT IS YOUR AGE? (Please check one) 15 - 17 18 years & older
2. HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH CITY OF TRENTON? Yes No
3. HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH CITY OF TRENTON? Yes No
4. DO YOU HAVE ANY RELATIVES OR FRIENDS CURRENTLY EMPLOYED WITH THE CITY OF TRENTON? Yes No

If yes: _____
Employee Name Relationship

5. ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? Yes No
(If hired, you will be required to provide proof of citizenship or immigration status as required by law)

6. HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST 7 YEARS? Yes No
If yes, please explain: _____

EDUCATION

NAME OF SCHOOL	CITY, STATE	COURSE OF STUDY	YEARS COMPLETED	LICENSE/SKILLS/DEGREE/CERTS. (if applicable)
<u>High School</u>				
<u>College / University / Technical School</u>				

*Application continues on back

EMPLOYMENT HISTORY (List most recent employer first)

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
\$	\$	REASON FOR LEAVING

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
\$	\$	REASON FOR LEAVING

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
\$	\$	REASON FOR LEAVING

7. MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? Yes No

PERSONAL REFERENCES (Exclude employers and relatives)

NAME	RELATIONSHIP	ADDRESS	PHONE #
NAME	RELATIONSHIP	ADDRESS	PHONE #
NAME	RELATIONSHIP	ADDRESS	PHONE #

I certify that answers given herein are true, complete and correct 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 hereby understand and acknowledge that employment with the City of Trenton 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

SIGNATURE OF APPLICANT _____ DATE _____