

Application Deadline: March 1, 2009  
Please Printout on Legal Size Paper

You must be at least 16 years of age by March 1, 2009

STATE OF NEW JERSEY  
SUMMER EMPLOYMENT PROGRAM

Name: \_\_\_\_\_ County: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Will you be at least 16 years of age by March 1, 2009? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you possess a Driver's License valid in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where did you learn about this opportunity? \_\_\_\_\_ Internet \_\_\_\_\_ School \_\_\_\_\_ Department of Labor \_\_\_\_\_ Other

Check the group you are a member of: \_\_\_\_\_ White (Non Hispanic) \_\_\_\_\_ Black (Non Hispanic) \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Male \_\_\_\_\_ Female  
**NOTE:** This information will be used solely for the purpose of compliance with the Equal Opportunity guidelines and the New Jersey State Affirmative Action Program.

EDUCATION

	Name of School	Area of Study	Degree or Certificate
High School			
College			

Languages Spoken: \_\_\_\_\_

Special Training Completed:

\_\_\_\_\_ First Aid Certificate \_\_\_\_\_ Red Cross Lifesaving Certificate \_\_\_\_\_ Special Education Teaching Certificate

Operation of Office Machines: \_\_\_\_\_ Copier \_\_\_\_\_ Fax \_\_\_\_\_ Computer \_\_\_\_\_ Typewriter

Operation of Lawn/Maintenance Equipment: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Explain \_\_\_\_\_

EMPLOYMENT HISTORY (Use additional sheets if necessary)

Name and Address of Employer	Telephone #	Dates	Type of Work

\*Please indicate your Park preference: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
(See front of application)

\*\*Position preference: (See front of application) \_\_\_\_\_

Date available for employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Will you be able to work weekends beginning in April? \_\_\_\_\_ Yes \_\_\_\_\_ No

Working weekends, holidays and possible evenings are a requirement of this position

Do you need transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(This does not guarantee transportation will be provided)

Please note that transportation may be the responsibility of the applicant.

Do you have an adult criminal record? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give details. (Use additional sheets if necessary)  
Applicant's criminal conviction record will only be considered to the extent that the conviction is related to the employment sought.

Are you a US Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, are you able to work in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the above information is correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The State of New Jersey is an Equal Opportunity Employer

Jon S. Corzine  
Governor