

Work Ethic!!
Health is Wealth!!
Community Responsibility!!



BOROUGH OF FREEHOLD
DIVISION OF RECREATION
30 Mechanic St., Freehold, New Jersey 07728
Tel.: (732) 462-4200
Mayor Kevin A. Kane

APPLICATION FOR SUMMER YOUTH EMPLOYMENT – 2022

(Please submit in person or by mail to 30 Mechanic St. You can also email to sduckenfield@freeholdboro.org)

ALL APPLICATIONS ARE REVIEWED AFTER THE APPLICATION DEADLINE.
EMPLOYMENT IS NOT A FIRST-COME, FIRST SERVE BASIS.

TO QUALIFY FOR EMPLOYMENT APPLICANT MUST BE **AT LEAST 16 YEARS OLD.**

WORKING PAPERS WILL BE REQUIRED AND APPLICANT MUST BE A RESIDENT OF FREEHOLD BOROUGH.

PLEASE CIRCLE POSITION(S) OF INTEREST:

CAMP COUNSELOR CLEAN COMMUNITIES

*****PLEASE PRINT ALL INFORMATION CLEARLY*****

PLEASE PRINT FULL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ Home _____ Cell _____

EMAIL: _____ SOCIAL SECURITY#: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

EDUCATION: (PLEASE CIRCLE CURRENT STATUS) HIGH SCHOOL COLLEGE OTHER

SCHOOL: _____

PARENT/GUARDIAN (if under 18 yrs of age) NAME: _____

PARENT/GUARDIAN (if under 18 yrs of age) PHONE NUMBER: _____

REFERENCES - REQUIRED -

(non-relatives)

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

PLEASE LIST ANY AWARDS, HONORS, EXTRACURRICULAR ACTIVITIES, OR CERTIFICATIONS

What made you want to apply for employment with our Summer Recreation Program? Tell us a little about yourself.

EMPLOYMENT HISTORY

(Start with most recent employer)

We are an Equal Opportunity Employer and comply with State and Federal laws which prohibit discrimination in employment because of race, creed, color, religion, national origin, age, marital status, sex, physical handicap, and liability for services in the Armed Forces of the United States.

Employer's Name			
Address		Phone Number	
Job Title		Hourly/Salary	
Length of Employment	From (mo/yr)	To (mo/yr)	
Reason for Leaving			
Supervisor			
Employer's Name			
Address		Phone Number	
Job Title		Hourly/Salary	
Length of Employment	From (mo/yr)	To (mo/yr)	
Reason for Leaving			
Supervisor			

May we check this reference: YES _____ NO _____

I declare that the information in this application is correct and complete to the best of my knowledge. I understand and agree that any misrepresentation of facts will cause for rejection of this application or dismissal after employment and that final employment is subject to verification of references. I am also aware that the Borough of Freehold has a residency ordinance creating priorities in hiring based on residency and required as a condition of employment.

SIGNATURE OF APPLICANT: _____