



Town of Morristown Department of Recreation  
200 South Street, Box 914  
Morristown, NJ 07963-0914  
Ph. 973-292-6717 Fax. 973-267-1699

## Morristown Recreation Department Employment Application-2016

**Personal Information:**

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

City: \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail (primary contact): \_\_\_\_\_

T-shirt Size (please circle one): Small Medium Large X-large XX-large Other: \_\_\_\_\_

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**Position Applying For:**

LIFEGUARD @ CAULDWELL POOL (minimum age is 15years old)

PLAYGROUND DIRECTOR (Elliott, Jacob Ford, Cauldwell)

PLAYGROUND LEADER (Elliott, Jacob Ford, Cauldwell)

PLAYGROUND/POOL MAINTENANCE (Burnham Pool & Cauldwell Playground)

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*All employees 18 years old and over are subject to a criminal background check.*

*All employees under the age of 18 will have to submit working papers, which can be obtained at your High School guidance department..*

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**Education Information**

H.S Attended: \_\_\_\_\_ Years completed thru 6/2016: 1 2 3 4

Diploma:  YES  NO Date Received: \_\_\_\_\_

**Employment History )List your most recent employer first) Both paid and/or volunteer positions should be listed**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**Experience & Background**

**Indicate which of the following certifications you hold that are current:**

**Expires**

- |  |       |
|--|-------|
| 1. AMERICAN RED CROSS CPR/First Aid/AED                        | _____ |
| 2. AMERICAN RED CROSS Lifeguard Training & First Aid ( 3 yrs.) | _____ |
| 3. AMERICAN RED CROSS CPR for the Professional Rescuer (1 yr.) | _____ |

*Please attach copies (front & back) of all certifications.*

4. Do you hold any other certifications? If yes, please specify.

5. When would you be available for employment? \_\_\_\_\_

6. Are you able to work a minimum of one weekend day per week and from 25 to 30 hours total per week?  YES  NO

7. What date would you have to terminate your employment? (Example: leave for college)

Month: \_\_\_\_\_ Day \_\_\_\_\_ Reason: \_\_\_\_\_

8. Do you have any plans that would interfere your ability to work May 28, 2016 and September 5, 2016? (Example: sports, vacations, school travel, etc)  YES  NO

If yes, please explain and list dates: \_\_\_\_\_

9. When would you be available for an interview? \_\_\_\_\_

**10. IN CASE OF EMERGENCY PLEASE NOTIFY:**

\_\_\_\_\_  
Name Relationship Phone #

11. Please list two references below (do not include relatives)

Name:	Position	Phone#
1. _____		
2. _____		

\*\*\*\*\***Questions 12 & 14 are for LIFEGUARDS ONLY**\*\*\*\*\*

12.. “SUN LETTER” Caudwell Pool , Summer 2016

To (the Parents of) \_\_\_\_\_ ,

As a lifeguard, there are risks associated with exposure to the sun. The Town of Morristown provides the lifeguards with umbrellas, sun block, and T-shirts. We have previously required the lifeguards to wear T-shirts while on duty.

By signing below, you state that you are aware of the risks, and with this give permission (for your child) not to wear a T-shirt while on duty.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

13. **ALLERGY ALERT**

**Please indicate here if you have a “Bee Sting” allergy**     Yes     No

**Other (please specify):** \_\_\_\_\_

14. **For Parents/Guardians of Lifeguards who are 15 years old:**

**By signing below, I give permission for my son/daughter (15 year olds only) to work past 7:00pm.**

**Signature** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

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