

BOROUGH OF GLEN ROCK
DEPARTMENT OF PARKS AND RECREATION



JOB APPLICATION

Please complete and return the below Job Application to the Borough of Glen Rock's Department of Parks and Recreation. If an interview is desired the applicant will be contacted, those not contacted will remain on file for future consideration.

APPLICANT'S CONTACT INFORMATION (PLEASE PRINT)

APPLICANT'S NAME (LAST, FIRST) _____

MALE/ FEMALE _____

DATE OF BIRTH (MM/DD/YYYY) _____

AGE* _____

EMAIL ADDRESS _____

GRADE IN SEPTEMBER _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

*** ALL HIRED EMPLOYEES UNDER THE AGE OF 18 MUST HAVE PROPER WORKING PAPERS COMPLETED PRIOR TO BEGINNING WORK.**

JOB POSITION APPLYING FOR: _____

HAVE YOU EVER APPLIED WITH US BEFORE? _____

YES/ NO (CIRCLE) _____

IF YES, WHEN? _____

HAVE YOU EVER VOLUNTEERED FOR THE SERVICE PROGRAM SHOVEL '4' SENIORS? _____

YES/ NO (CIRCLE) _____

EDUCATION INFORMATION

HIGH SCHOOL: _____

YEAR GRADUATED: _____

COLLEGE/ UNIVERSITY: _____

YEAR GRADUATED: _____

- COURSE OF STUDY/ DEGREE IN COLLEGE _____

PLEASE SEE REVERSE SIDE 

ONE HARDING PLAZA, GLEN ROCK, NEW JERSEY 07452
OFFICE NUMBER (201) 670-3951 • FAX NUMBER (201) 670-3959

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EMPLOYMENT HISTORY

PLEASE LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PREVIOUS EMPLOYERS STARTING WITH YOUR CURRENT OR MOST RECENT JOB. IN ADDITION, PLEASE INCLUDE YOUR JOB TITLE.

EMPLOYER 1:

- ADDRESS: _____
- TELEPHONE NUMBER: _____
- JOB TITLE _____

EMPLOYER 2:

- ADDRESS: _____
- TELEPHONE NUMBER: _____
- JOB TITLE _____

REFERENCES

PLEASE LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF 2 REFERENCES THAT ARE NOT A PREVIOUS EMPLOYER OR RELATED TO YOU.

REFERENCE 1:

- TELEPHONE NUMBER: _____

REFERENCE 2:

- TELEPHONE NUMBER: _____

CERTIFICATIONS

PLEASE CHECK ALL THAT APPLY AND INCLUDE RESPECTIVE EXPIRATION DATES.

| | |
|------------------------|------------------------|
| BASIC FIRST AID: _____ | EXPIRATION DATE: _____ |
| LIFEGUARD: _____ | EXPIRATION DATE: _____ |
| CPR & AED: _____ | EXPIRATION DATE: _____ |

JOB STATEMENT & AUTHORIZATION

PLEASE WRITE A BRIEF STATEMENT EXPLAINING YOUR JOB QUALIFICATIONS AND WHY YOU WOULD BE A BENEFICIAL ASPECT TO OUR PROGRAM.

I HEREBY DECLARE THAT I HAVE FILLED OUT THE ABOVE INFORMATION HONESTLY AND ACCURATELY.



SIGNATURE _____

DATE _____