

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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DEPARTMENT OF PARKS AND RECREATION**



**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