



CITY OF PERTH AMBOY
SUMMER EMPLOYMENT APPLICATION
"An Equal Employment Opportunity Employer"

SUMMER EMPLOYMENT APPLICATION

Park Counselor/ Camp Counselor/ Maintenance Aide
Recreation Aide/ Clerical Aide/ Lunch Aide

Position Applying for _____ Date _____

Please Print Clearly and Complete All Sections, Do Not Forget to Include Letter of Recommendation

APPLICATION DEADLINE MARCH 29, 2019

PERSONAL INFORMATION

First Name _____ Last Name _____ M.I. _____

Address _____ Apt _____ City _____

State _____ Zip Code _____ DOB _____

Home Phone _____ Cell Phone _____

Social Security # _____ Drivers License # _____

Are you a U.S. Citizen Yes ___ No ___ Are you authorized to work in the U.S. Yes ___ No ___

Were you previously employed by the City Yes ___ No ___ If so, when? _____

Are any members of your **Immediate family currently employed with the City? Yes ___ No ___

EDUCATION

	Name	Location	Years Completed	Major & Degree
High School				
College/ University				
Other:				

EXTRA CURRICULAR ACTIVITIES/ SKILLS/ TRAINING/ LICENSES

REFERENCES (NO PARENTS)

Name:	Relationship:	Number:
Name:	Relationship:	Number:

EMPLOYMENT HISTORY

Company:	Job Title:
Supervisor:	From: To:
Phone Number:	Reason for Leaving?
Responsibilities:	

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Supervisor:	From: To:
Phone Number:	Reason for Leaving?
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DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment with the City of Perth Amboy, I understand that false or misleading information in my application or interview may result in my release. I understand that there will be a mandatory background check if my application is considered. I agree that I am capable of performing the activities involved in the job or occupation for which I am applying for or accept. I understand that since that with "Seasonal Opportunities" I will not be entitled to any unemployment or health benefits. I further understand and agree that all persons employed by the City of Perth Amboy must maintain bona-fide city residence in accordance with City Ordinance. ***I understand that if falling under the "underage" category I must attach to this application an original executed authorization to work form.***

SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

Date Received:	Interview Date:
Application Scanned Yes ___ No ___	Program Affiliation:
Drug Test Required Yes ___ No ___	Notes:
Received by (print name):	

****Immediate family:** includes spouse, child, parent, mother-in-law, father-in-law, stepparent, stepchild, sibling, half-sibling, step-sibling, sister-in-law, brother-in-law, grandparents, daughter-in-law, son-in-law, grand-children, niece, nephew, uncle, aunt, whether related by blood, marriage, or adoption or any person related by blood, marriage, or adoption residing in your household.

Please make sure all fields are completed and include letter of recommendation. Examples of individuals that can provide recommendation letters are ; Guidance Counselor, Coach, Teacher, Pastor, Principal.

(NOT A PARENT).

Applications submitted beyond the deadline, May not be accepted.