



**APPLICATION FOR EMPLOYMENT  
WALL RECREATION DEPARTMENT  
2700 ALLAIRE RD. - WALL, NJ 07719  
732-449-8444 X 2251  
[WWW.WALLNJ.COM](http://WWW.WALLNJ.COM)**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SS # \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_  
STREET TOWN STATE ZIP

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

REFERRED BY \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

COLLEGE \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

**GENERAL**

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

**FORMER EMPLOYERS**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**Wall Township requires ALL employees to submit to a background check. Summer seasonal employees must commit to the entire camp season and are required to attend the scheduled MANDATORY Safety Class and Orientation as a prerequisite for employment. You will be notified of the date/time/location of said class prior to the start of employment.**

I certify that the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_