



**APPLICATION FOR EMPLOYMENT
WALL RECREATION DEPARTMENT
2700 ALLAIRE RD. - WALL, NJ 07719
732-449-8444 X 2251
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 _____