



## Application for Summer/Seasonal Employment

### Section 1: Applicant Contact Information

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

What is the best way to contact you?                      Phone                      Mail                      Email

### Section 2: Applicant's School Information

Name of School: \_\_\_\_\_

Check one:                      High School                      Undergraduate                      Graduate Student

Expected Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_

*(College/University students only)*

### Section 3: Availability and Position Information

#### Camp Positions

All camp staff will be required to work the full six weeks. Vacation days will not be granted. Excused absences may be granted, such as: College Orientation and/or doctor's appointment. Proper paperwork is required for these requests with approval from Camp Director.

I understand and will be available for the full six weeks of the program.

#### Snack Bar

Some weekend availability is required.

Are you available to work on weekends?                      Yes                      No

#### Lifeguards

All lifeguards must be available to work every weekend during the pool season. Adherence to the attendance policy in the Lifeguard Handbook is required.                      I understand.

#### All Positions

Please list any conflicts: \_\_\_\_\_  
\_\_\_\_\_

-----  
INTERNAL USE ONLY      Date Received: \_\_\_\_\_      Interview?    \_\_Y \_\_N      Interview Date: \_\_\_\_\_  
Interviewer Name: \_\_\_\_\_      Recommend for Employment?    \_\_Y \_\_N

**Positions of interest:**

Please enter numbers in order of preference for all your positions of interest.

- \_\_\_\_\_ Pool Lifeguard (must be certified prior to applying)
- \_\_\_\_\_ Snack Bar Attendant
- \_\_\_\_\_ Camp Counselor
- \_\_\_\_\_ Counselor in Training (volunteer position for rising 9th graders)
- \_\_\_\_\_ Lead Counselor
- \_\_\_\_\_ Camp Maintenance Worker
- \_\_\_\_\_ Other: \_\_\_\_\_

**Please answer the following questions:**

1. Why are you interested in a summer job with the Township of Livingston?
  
  
  
  
  
  
  
  
  
  
2. What experience do you have that may be beneficial to the Township's camps/pools?
  
  
  
  
  
  
  
  
  
  
3. What do you want to learn from your experience with the Township?

**Section 4: Applicant's Volunteer and Employment History**

*Note: Can include leadership/volunteer experience in extracurricular activities.*

Name of Organization or Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of involvement: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Organization or Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of involvement: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Organization or Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of involvement: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 5: Where did you hear about summer/seasonal employment in Livingston?**

- |                  |                                    |
|------------------|------------------------------------|
| School           | Online job board (e.g. Indeed.com) |
| Township website | Referral – Name: _____             |
| SYLS web page    | Other: _____                       |

**Section 6: Agreement**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize Township of Livingston to make such inquiries into my background as may be necessary for seasonal placement. In connection with my activities as a seasonal employee or volunteer, I agree to hold confidential all information to which I may have access. Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the program and may have additional legal consequences.

***Counselors in Training Only:** I am aware that Township of Livingston does not provide insurance coverage for volunteers if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that I will not receive pay for volunteering and I am not entitled to worker's compensation benefits, health insurance benefits, or any other benefits available to employees of Township of Livingston. I agree that I will not hold Township of Livingston, its officers or employees thereof liable for any injury sustained to person or property during the volunteer duties.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under age 18)

\_\_\_\_\_  
Date