

**\*\*PLEASE FILL OUT BOTH THIS APPLICATION ALONG WITH THE BOROUGH APPLICATION ATTACHED.**

**Please circle one:**

**Summer Employment**

or

**C.I.T. Employment**

*Only for applicants entering 10<sup>th</sup> grade & above in Sept. 2020*

*Only for applicants entering 9<sup>th</sup> grade in Sept. 2020*

**(Accepting Applications through March 31st, 2020)**

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

Date: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Age as of 6/22/20: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

Position	Time	Preference
Lifeguard	8 hours	
Half Day Rec Camp Counselor or CIT	3.5 hours	
Half Day Sailing Counselor or CIT	12:00 to 5:00	
Swim Team Assistant	TBD	
Dive Assistant	TBD	
Sailing Director	Varies**	
Sailing Assistant Director	Varies**	

**Check the position desired. If more than one, please number your preferences.**

*\*\* Program director & assistant director position times vary depending on the program.*

*\*\*Cannot guarantee a position will be available.*

Are you First Aid and/or CPR Certified? \_\_\_\_\_

If yes, when do they expire? \_\_\_\_\_

(Please provide a copy of your cards when submitting application.)

If you are currently in school, what year of education will you have completed on June 22<sup>nd</sup>, 2020?

Example: Freshman Year of HS, Senior Year of HS, Jr. Year of College, etc.

If you're in College, where do you attend? \_\_\_\_\_

What is your major and/or minor? \_\_\_\_\_

**If you live at school, when is your last day with us? \_\_\_\_\_**

If you've completed college, where are you currently working? \_\_\_\_\_

**\*\*\*If you're a certified teacher out of district, please attach a copy of your certification!**

**If you intend to take a vacation, what dates or # of days will you be out?**

\_\_\_\_\_

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*During the year, we have several special events where we need staff help. They are various township events and we would reach out when we need staff to see if you can help. Is this something you would be interested in? \_\_\_\_\_*

*By signing below, I understand and agree to the following:*

- By filling out this application, I am not guaranteed a position.*
- Positions are NOT filled on a first come, first serve basis.*
- Placement is based on need at the time of hiring.*
- Preference does not guarantee location placement.*
- After 2 consecutive sick days, a doctor's note is required.*
- Placement is at the discretion on the Recreation Department.*

*Print Applicants Name: \_\_\_\_\_*

*Applicants Signature: \_\_\_\_\_*

**Borough of Mountain Lakes**

400 Boulevard

Mountain Lakes, NJ 07046

DATE: \_\_\_\_\_

An Equal Opportunity Employer  
(Do not include any information regarding race, color  
creed, religion, sex, national origin, or handicap)

Complete entire application legibly. (A resume' may supplement but not substitute for this application).

<b>NAME:</b>					<b>SOCIAL SECURITY NO.</b>		
<b>HOME ADDRESS:</b>						<b>TELEPHONE NO.</b>	
Number & Street		City	County	State	Zip Code		
<b>Are you under 18 years of age?</b> _____ Yes _____ No				<b>Names of relatives employed by Borough of Mountain Lakes.</b>			

False or misleading information provided in this application or as part of any interview may result in the discharge of the individual should he or she be employed by the Borough.

Do you reside within the Borough of Mountain Lakes?	Alien Reg No. If not a citizen	Dates (if) you were employed here before				
In Case of emergency, notify:						
Name	Address				Telephone No.	
Position Desired	Full Time	Part Time	Days and Hours if Part Time	Salary Expected	Date Available	

How did you hear about this position?

<b>EDUCATION</b>			
Circle Highest Year Attended	Name and Location of School	Major Course of Study and Degree Earned	Year you Graduated?
Grammar School 5 6 7 8			
High School Fr Soph Jr Sen			
Other School or Apprenticeship			

<b>U.S. MILITARY SERVICE</b>		
Branch of Service	Rank	Specialty
Special skills or training received:		
Hobbies & Interests:	Current part-time or personal business:	

**EMPLOYMENT RECORD**

**PRESENT OR LAST EMPLOYER**

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		
Reason for Leaving			May We consult your employer?		

NEXT TO LAST EMPLOYER (List other employers in similar order)

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		

**REFERENCES**

<b>DO NOT GIVE RELATIVES OR FORMER EMPLOYERS AS REFERENCES</b>				
Name	Address	Telephone	Business	Known For How Long?
Name	Address	Telephone	Business	Known For How Long?
Name	Address	Telephone	Business	Known For How Long?

*This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the Borough other than an authorized official has the authority to make any assurances to the contrary. If I am hired, I understand that I am free to resign at any time, with or without cause, and the Borough reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.*

*This application is current for 60 days. At the conclusion of this time if I have not heard from the Borough and still wish to be considered for employment, I may contact the Personnel Department to extend my application for another 60 days.*

*The Township prohibits discrimination in employment and ensures that all applicants are recruited, employed, and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job related medical condition or disability or any other legally protected status.*

*Are you able to perform a job without an accommodation? [ ] Yes or [ ] No. If "No," describe how you would perform what accommodation would be needed:*

*If the job for which you are applying requires a Commercial Driver's License (CDL), do you possess a valid CDL [ ] Yes or [ ] No? Failure you obtain a CDL where necessary is ground for termination. If the job for which you applied requires driving and you are on the suspended list, your application may not be considered.*

*Have you ever been convicted of a crime other than a minor traffic violation [ ] Yes or [ ] No? If Yes, explain.:*

*Conviction of a crime may not necessarily disqualify an applicant from employment.*

*I hereby authorize the investigation of all statements contained by this application. I hereby release the Borough of Mountain Lakes or those individuals or corporations who provide information relating to my prior employment or character from all liability whatsoever that may issue from securing such information.*

*If I am employed, I agree to abide by all the rules and regulations set forth by the Borough. I understand that the job I am applying for is temporary, part-time, summer or seasonal. I understand that as a work place, the Borough's facilities are smoke-free.*

*Date: \_\_\_\_\_*

*Signature: \_\_\_\_\_*

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE CLARIFICATION OF ANY ITEM IN THIS APPLICATION PLEASE ASK BEFORE SIGNING.



**BOROUGH OF  
MOUNTAIN LAKES**

***Recreation Department***

400 Boulevard  
Mountain Lakes, New Jersey 07046

Tel: (973) 334-3131  
Fax: (973) 402-3466  
Email: [recreation@mtnlakes.org](mailto:recreation@mtnlakes.org)  
Web: [www.mtnlakes.org](http://www.mtnlakes.org)

### **Recreation Camp Counselors and CITs**

Please check all weeks that you can work (minimum 2, 3 or more weeks preferred)

Yes I Can Work	
	June 29 - July 2 (No Camp Friday, July 3)
	July 6 – July 10
	July 13 – July 17
	July 20 – July 24
	July 27 – July 31

### **Sailing Camp Counselors and CITs**

Please check all weeks that you can work (minimum 2, 3 or more weeks preferred)

Yes I Can Work	
	June 29 – July 2
	July 6 – July 9
	July 13 – July 16
	July 20 – July 23
	July 27 – July 30
	August 3 – August 6