



LIVINGSTON NEW JERSEY

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: _____

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