

Township of Washington Summer Recreation Application 2025

Twp. of Washington Recreation Department
350 Hudson Ave., Twp. of Washington, NJ 07676

Please send the completed Application to:

cpinto@twpofwashington.us and dscudieri@twpofwashington.us by 4/15/2022

Applicant Information:

Name (Last, First, Middle):

Address:

City/Town:

Phone (Cell, Home):

Email
Address:

Social Security Number:

Position Applied For:

Do you possess a current valid driver's license:

Yes	No
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Name (Last, First, Middle):

If you are under 18 years of age, can you provide proof of eligibility to work: (Check the appropriate box)

Yes	No
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Are you legally eligible to work in the United States of America?

Yes	No
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Pursuant to Federal Law, proof of US Citizenship or Immigration will be required if you are hired.

The Township of Washington is an Equal Opportunity Employer M/F

Employment History:

Employer:		Date Started:		Date Left:	
Address:		Job Title:		Salary:	
Work Performed:			Reason for leaving:		
Supervisor's Name and Email/Phone Number:			May we contact for a reference:		

Employer:		Date Started:		Date Left:	
Address:		Job Title:		Salary:	
Work Performed:			Reason for leaving:		
Supervisor's Name and Email/Phone Number:			May we contact for a reference:		

Employer:		Date Started:		Date Left:	
Address:		Job Title:		Salary:	
Work Performed:			Reason for leaving:		
Supervisor's Name and Email/Phone Number:			May we contact for a reference:		

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as academic, business, or trade.

School:		Years Completed: (1,2,3,4)	Graduated: (Y/N)	Major Field
High:				
College:				
Other:				

Languages: List any foreign languages you know and indicate your level of proficiency:

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills or Experience: State any special skills, experience, training, licenses, certifications, or other factors that make you qualified for the position for which you are applying.

Comments and Additional Information: Is there any additional information about you that we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. **They should not be relatives or former supervisors.**

Name:	Phone Number:	Years Known:

Understanding and Agreements:

As an applicant for a position in the Township of Washington, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the Township discovers that information on this form was incomplete, untrue, or inaccurate. I give the Twp. the right to investigate the information I have provided, talk with former employers (except where I have indicated that they may not be contacted). I give the Twp. the right to secure additional job-related information about me. I release the Twp. and its representatives from all liability for seeking such information. I understand that the Twp. is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Twp. will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law against discrimination. I understand that if employed I may resign at any time and that the Twp. may terminate me at any time in accordance with its established policies and procedures. No representative of the Twp. may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related, medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered, you must sign and date below. (Electronic Signatures are accepted)

Applicant's Signature:		Date:	
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