

## WEST WINDSOR TOWNSHIP

Division of Recreation and Parks 271 Clarksville Road West Windsor, New Jersey 08550 (609) 799-6141 www.wwparks-recreation.com

## CAMP EMPLOYMENT APPLICATION DIRECTOR / COUNSELOR/ SPECIAL AREA TEACHER

| Position Applying For: ( | Please check the | e appropriate box) |              |
|--------------------------|------------------|--------------------|--------------|
| □ Director □ C           | Counselor        | □ Special Area '   | Teacher      |
| Please print clearly     |                  |                    |              |
| Full Name:               | Date:            |                    |              |
| Street Address:          |                  |                    |              |
| City:                    | State            | Zip:               |              |
| Phone #:                 | Cell Phone #:    |                    |              |
| E-mail Address:          |                  |                    |              |
| Age:                     |                  |                    |              |
| Education:               |                  |                    |              |
| Name of High School:     |                  |                    |              |
| Year of Graduation:      |                  |                    |              |
| Name of College:         |                  |                    |              |
| Year of Graduation:      |                  |                    |              |
| Major:                   |                  |                    |              |
| List 3 References:       |                  |                    |              |
| <u>Name</u>              | Phone #          |                    | <u>Title</u> |
| 1                        |                  |                    |              |
| 2                        |                  |                    |              |
| 3                        |                  |                    |              |

## Work Experience (Begin with most current)

| 1.          | Employer:   |  |
|-------------|---|--|
|             | Job Title:  |  |
|             | Supervisor:   |  |
|             | Address:  |  |
|             | Phone #:  |  |
|             | Duties & Responsibilities:  |  |
|             | Reason for Leaving:   |  |
| 2.          | Employer:   |  |
|             | Job Title:  |  |
|             | Supervisor:   |  |
|             | Address:  |  |
|             | Phone #:  |  |
|             | Duties & Responsibilities:  |  |
|             | Reason for Leaving:   |  |
| 3.          | Employer:   |  |
|             | Job Title:  |  |
|             | Supervisor:   |  |
|             | Address:  |  |
|             | Phone #:  |  |
|             | Duties & Responsibilities:  |  |
|             | Reason for Leaving:   |  |
| <u>Ple</u>  | ase List Any Current Certification  | ns (CPR, Lifesaving, First Aid) &      |
| <u>Da</u> 1 | te(s) of Expiration:  |  |
| I ac        | EASE ATTACH A FRONT AND BACK Co<br>knowledge that the information provid<br>give permission for my references and | ed is true to the best of my knowledge |
| Sig         | nature of Applicant   | Date                                   |