

TOWNSHIP OF

Parsippany-Troy Hills



Recreation Department

James R Barberio
Mayor

Joseph P Plescia
Superintendent

1001 Parsippany Boulevard
Parsippany, New Jersey 07054

Tel: (973) 263-7257

Fax: (973) 335-3655

Email: recreation@parsippany.net

Web: www.parsippany.net

Thank you for your interest in a Parsippany Recreation Summer Program Employee or Volunteer Position. Please fill out the attached Recreation Summer Program Application as well as the Township Employee Application. Applications will be accepted starting November 18th, 2016. **Applications MUST be postmarked or in our office no later than January 18th, 2017.**

You can submit the application to the Recreation Department via

1. Email: recreation@parsippany.net
2. Fax: 973-335-3655
3. Postal Mail: Recreation Department, 1001 Parsippany Blvd., Parsippany, NJ 07054
4. In Person to our Office: 1 Knoll Drive, Lake Hiawatha, NJ 07054

*Please note, we do not need the original applications.

Should you have any questions regarding the applications or the application process, please email us at recreation@parsippany.net.

Thanks,

Parsippany Recreation Department.

Parsippany-Troy Hills

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

Please circle one:

Summer Employment

or

Volunteer Employment

(Accepting Applications November 18th, 2016 through January 18th, 2017)

Name: _____

Date: _____

****Programs will start Monday, June 26th, 2017 and end Friday, August 18th, 2017****

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

Position	Time	Preference
All Day Playground Counselor	8 hours	
Half Day Counselor @ All Day Playground	4 hours	
Half Day Playground Counselor (<i>list preferences below</i>)	8:15am to 12:45pm	
Tot Time Program Counselor	8:45am to 12pm	
Tot Time Program Group Leader	8:45am to 12:15pm	
Program Director (All Day, ½ Day, Tot Time)	Varies	
Program Assistant Director (All Day, ½ Day, Tot Time)	Varies	

*** Program director & assistant director position times vary depending on the program. All Day is 8 hours, Half Day is from 8:15-12:45pm and Tot Time is from 8:45-12:15pm.*

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

For Half Day Program Employment Only:

Please number locations in order of preference.

Location	Preference Order
Knoll Park	
Lake Parsippany Park	
Mount Tabor Park	
Veterans Park	
Volunteers Park	

***Placement is done at our discretion.**

****Minimum of 3 preference location choices required.**

Street Address: _____ PO BOX #: _____

Home Phone #: _____

Cell Phone #: _____

Birth Date: _____

Age as of 6/26/17: _____

Social Security #: _____

Email: _____

See other side. ➡

Do you have a car at your disposal? _____

If NO, how will you get to your work site? _____

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 26th, 2017? _____

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, please attach a copy of your certification!**

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

Do you play a Fall Sport? _____

If yes, do you know your summer practice schedule or when full time practice begins?

Past work experience.

Location	Position	Dates worked	Supervisor	Supervisor Phone #
EX: Parsippany Recreation	Counselor	Summer 2013, 2014	Jen Zitelli	973-263-7257

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.
- Volunteer Applicants can only volunteer up to 4 hours per day.
- Placement is at the discretion on the Recreation Department.

Print Applicants Name: _____

Applicants Signature: _____

Township of Parsippany-Troy Hills
 1001 Parsippany Boulevard
 Parsippany, NJ 07054

**Application For
 Employment**

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

DATE: _____

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

NAME:					SOCIAL SECURITY NO.		
HOME ADDRESS:							TELEPHONE NO.
Number & Street		City	County	State	Zip Code		
Are you under 18 years of age? _____ Yes _____ No				Name of friends or relatives employed by us.			

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 Township.

Do you reside within the Township of Parsippany-Troy Hills?	Alien Reg No. If not a citizen	Dates (if) you were employed here before
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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?

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

U.S. MILITARY SERVICE		
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		
Reason for Leaving					

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					

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					

Prior or Other Work Experience & Skills Not Listed Above:

REFERENCES

DO NOT GIVE RELATIVES OR FORMER EMPLOYERS AS REFERENCES				
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 Township 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 Township 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. **A pre-employment medical examination will include a controlled substance abuse screening test.** The Township reserves the right to withdraw a conditional job offer if the prospective employee receives a positive drug test and reject an individual for employment if the medical examination determines that the job functions of the position cannot be performed with reasonable accommodation.

This application is current for 60 days. At the conclusion of this time I have not heard from the Township 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 to 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 Township of Parsippany-Troy Hills 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.

I agree to undergo a physical examination by a physician selected by the Township at any time before or during employment and authorize the examining physician to render to the Township complete reports of such examinations. If I am employed, I agree to abide by all the rules and regulations set forth by the Township. I understand that the job I am applying for is temporary, pending successful completion of a Civil Service Examination and appointing procedures (this may not apply to jobs with are temporary, part-time, summer or seasonal). I understand that as a work place, the Township's facilities are smoke-free.

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

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE.

Interviewed	Comments	
Date		
Dept. Head Interview	Comments	
Date		
Dept. Assignment	Title	Civil Service Status
Bi Weekly Hours	Salary	Temporary _____
A.A. P Code (After Employment) C B S O I M F	D.O.B. (After Employment)	Class-Non Competitive _____
		Class- Prov. _____ Perm. _____
		Unclass-Statute _____ Starting Date _____