



APPLICATION FOR SUMMER EMPLOYMENT

SEA ISLE CITY RECREATION DEPARTMENT

4501 PARK ROAD * SEA ISLE CITY, NJ 08243
(609) 263-0050

NAME: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
SUMMER ADDRESS, IF APPLICABLE: _____
PHONE NUMBER: _____ EMAIL: _____

PLEASE PRINT

DO YOU HAVE A CURRENT DRIVER'S LICENSE: _____ STATE: _____ DL#: _____

HAVE YOU PREVIOUSLY WORKED FOR THE CITY: _____ IF YES, DATES: _____

DATES YOU ARE AVAILABLE TO WORK: (FROM) _____ (TO) _____

HIGHEST LEVEL OF EDUCATION: _____

QUALIFICATIONS/EXPERIENCE:

REFERENCES:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

AREAS OF INTEREST: (CHECK BELOW)

OFFICE COVERAGE (9am-5pm, as needed) _____
PICKLEBALL ATTENDANT (Tue & Thurs Mornings) _____
PLAYGROUND LEADER (Mon-Wed-Fri Mornings) _____
TENNIS ATTENDANT (Daily/Evenings/Weekends) _____
BASKETBALL LEAGUE ATTENDANT (Sun-Fri Evenings) _____
INSTRUCTIONAL BASKETBALL LEADER (Tues & Thurs Mornings) _____

APPLICANT SIGNATURE: _____ DATE: _____

RETURN COMPLETED APPLICATION TO:

SEA ISLE CITY DEPARTMENT OF RECREATION
4501 PARK ROAD * SEA ISLE CITY, NJ 08243

THE CITY OF SEA ISLE CITY IS AN EQUAL OPPORTUNITY EMPLOYER