

Sea Isle City Department of Recreation 2019 Summer Employment Application

NAME: _____

RESIDENCE: (PERMANENT) _____

(SUMMER) _____

PHONE #: _____ CELL #: _____

EMAIL: _____

DRIVERS LICENSE: Y or N

CURRENT SCHOOL ATTENDING: _____ GRADE _____

DATES AVAILABLE FOR WORK: beginning _____ TO _____

QUALIFICATIONS/ EXPERIENCE: _____

REFERENCES: _____ PH# _____

_____ PH# _____

AREAS OF EMPLOYMENT INTEREST (check all where applicable):

TENNIS ATTENDANT (Daily Evenings/ Weekends) _____

PLAYGROUND LEADER (Mon-Wed-Fri Mornings) _____

INSTRUCTIONAL BASKETBALL LEADER (Tuesday & Thursday Mornings) _____

BASKETBALL LEAGUE ATTENDANTS (Sunday – Friday Evenings) _____

PICKLEBALL ATTENDANT (Tuesday & Thursday Mornings) _____

OFFICE COVERAGE (Park Road- 9:00am-5:00pm as needed) _____

APPLICANT SIGNATURE: _____ DATE: _____

MAIL TO: SEA ISLE CITY DEPARTMENT OF RECREATION
4501 PARK ROAD, SEA ISLE CITY, NJ 08243

INQUIRIES (PHONE): (609)-263-0050