



# City of Bridgeton Parks and Recreation

## Part-Time Application

(Please Print or Type)

First Name	M.I.	Last Name	Date of application	
Address	Number	Street	City	Zip Code
Telephone Number(s)		Home	Cell	
Drivers License Number	State	Expiration Date	Email Address	

Position(s) you are applying for: (please ask staff if you are not sure what each position entails)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Summer Day Camp Staff   | <input type="checkbox"/> Lifeguard                                       | <input type="checkbox"/> Recreation Aide        | <input type="checkbox"/> Pool Concessions Staff |
| <input type="checkbox"/> Fitness Room Attendant  | <input type="checkbox"/> Custodian                                       | <input type="checkbox"/> Fitness Instructor     | <input type="checkbox"/> Tot Care Staff         |
| <input type="checkbox"/> Golf Course Maintenance | <input type="checkbox"/> Golf Course Clubhouse Operations                | <input type="checkbox"/> Parks/BMAC Maintenance |   |
| <input type="checkbox"/> BMAC Concessions Staff  | <input type="checkbox"/> Sports Official (please list which sport) _____ |   |   |

Have you ever been employed with the City of Bridgeton before?       Yes       No

If yes, please list date(s) \_\_\_\_\_ and supervisor \_\_\_\_\_

Date you can begin work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:       days       evenings       weekends

Please list two references who are not relatives:

Name	Phone #	Relationship
Name	Phone #	Relationship

### Education

	Name and Address of School	Course of Study	Degree	Year Completed
High School				
College or University				

## Employment History (please start with your present or last job)

Company/Employer	Dates Employed		Work Performed
Supervisor	From	To	
Telephone Number	Rate of Pay		
Job Title			
Reason for Leaving			

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## Additional Information

Please describe any specialized training, internships, certifications (CPR, Lifeguard Training, Officiating Certification, etc.), extracurricular activities, or any other information you feel may be helpful to us in considering your application.

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## Applicant's Statement

I certify that the answers given on this application are true to the best of my knowledge, and I understand that falsification of any answer is grounds for discharge. If I am under the age of 16, I am able to provide proof of my eligibility to work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The City of Bridgeton participates in E-Verify. E-Verify is a program to confirm work authorization. For more information, contact the Department of Homeland Security at 1-888-464-4218. Additional information will be supplied upon request.