



DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS

THE CITY of EAST ORANGE

1 FELLOWSHIP CIRCLE
EAST ORANGE, NEW JERSEY 07017
WWW.EASTORANGE-NJ.GOV

TED R. GREEN
MAYOR

J. JAMAL PEARSON
DIRECTOR

FAX:
973-676-4733

PHONE:
973-414-4141

Summer Seasonal Employment

Summer is one of our most popular employment seasons. Each year, the number of summer applicants increases, exceeding the number of seasonal employment opportunities available. Please understand that there will be a **limited** number of positions. Listed below are important dates and information for completing your Seasonal Application:

Applications Available from March 3rd thru May 23rd, 2025

CDL - Driver (Must have Passengers endorsement)	Camp Counselor	Food Monitor	Water Safety Instructor
Park Coordinator- (CPR & 1st Aide Certification Required)	Recreation Leader	Food Handler	Lifeguard
Camp Coordinator - (CPR & 1st Aide Certification Required)	Recreation Aide	Clerical (Food Service)	Pool Attendant
Site Supervisor (Food Service)			

Requirements for Submitting Application

Your resume' & typed reference letters must be attached when your application is submitted.

1. Must be willing to submit to a Criminal & Sex Offender background check and a drug screening.
2. Must submit employment application within time frame specified above. Application & documents can be submitted in person at the Recreation Headquarters or via email to: eorecworkforce@outlook.com
3. Must include **3 TYPED letters of reference**. (References from relatives will not be accepted)

Interview Process

1. **Interviews will be conducted between the months of April and May.**
2. If you are being considered for Summer employment, upon review of your application package, you will be contacted by phone for an initial interview with the designated Recreation Program Coordinator.
3. After your initial interview, if there is an expressed interest in your candidacy for Summer Employment, you will be scheduled for a second interview with the Recreation Director.

Please Note:

Submission of working papers will not be accepted unless a position has been offered. Completing an application and/or interviewing for a position, **DOES NOT GUARANTEE EMPLOYMENT.** All employment packages are subject to **FINAL APPROVAL** by the City Administrator, before employment will be offered.

Thank you for your interest in applying to East Orange Recreation for Seasonal Employment.



DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS
THE CITY of EAST ORANGE
Employment Application



Name: _____ Date of Birth: _____
(If you are under 18 yrs old DOB required.)

Address: _____ Apt# _____

City: _____ State: _____ Zip _____

Phone #'s Home: _____ Cell: _____ Work: _____

Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ other _____ Email Address: _____

Are you currently employed? ☐ Yes ☐ No If yes, work phone # _____

Are you a N.J. Licensed driver? ☐ Yes ☐ No If yes, license # _____

Type of License: ☐ Auto ☐ CDL Specify class: ☐ A ☐ B ☐ C Expire Date: _____

Have you passed a N.J. Dept. of Personnel (Civil Services) Exam in the past 3 years? ☐ Yes ☐ No

If yes, specify: _____

Position

Jurisdiction

Date

Are you a U.S. veteran? ☐ Yes ☐ No If yes, dates of service: From: _____ To: _____ (Attach copy of discharge forms.)

List Three Personal References: (Do not include relatives and former employers.)

Name1 _____ Ph# _____

Address _____

Name2 _____ Ph# _____

Address _____

Name3 _____ Ph# _____

Address _____

Employment History: (Begin with most recent employer and work back)

Employer & Address _____

Your Title _____ From _____ To _____ Supervisor _____

Duties: _____ Reason for Leaving _____

Employer & Address _____

Your Title _____ From _____ To _____ Supervisor _____

Duties: _____ Reason for Leaving _____

Employer & Address _____

Your Title _____ From _____ To _____ Supervisor _____

Duties: _____ Reason for Leaving _____

Highs School: _____ **Address** _____

Number of years completed? From _____ To _____ ☐ HS Diploma ☐ GED

College: _____ **Address:** _____

Number of Years completed? From _____ To _____ Major: _____ Degree _____

Other: _____ **Address:** _____

Number of Years complete? From _____ To _____ Certification/Program _____

OFFICIAL USE ONLY

Date Hired _____ Position _____ Pay Rate _____

Approved by _____ Date _____

Check Position you are applying for:
(CPR & 1st Aide Certification Required for some position)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Camp Coordinator | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Recreation Leader | <input type="checkbox"/> Site Monitor |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Recreation Aide | <input type="checkbox"/> Site Supervisor (Food Service) |
| <input type="checkbox"/> CDL - Driver | <input type="checkbox"/> Pool Attendant | <input type="checkbox"/> Park Coordinator | <input type="checkbox"/> Food Handler |
| | | | <input type="checkbox"/> Area Supervisor |

Special Training for Community

Recreation: _____

Volunteer Work: _____

Please list any activities in which you have assisted or can play, and let us know which activities you have directed, or you can teach and/or coach: _____

Type of Certification

Food Service: ☐ Food Handler ☐ Food Manager ☐ Food Safety

Drivers License CDL Endorsement: ☐ A ☐ B ☐ C

First Aid Type _____

Date _____ Instructor _____

C.P.R. Instructor _____

Date _____ Location _____

Coaches Certification

NYSCA

Type _____ Date _____

Type _____ Date _____

Type _____ Date _____

Rutgers Sports

Type _____ Date _____

Type _____ Date _____

Type _____ Date _____

Aquatic Certification Only if applicable

Lifeguard Training: _____
Location Date Instructor

Lifeguard Training Instructor: _____
Location Date of Expiration Instructor

Water Safety Instructor: _____
Location Date of Expiration Instructor

First Aid: _____
Type Date of Completion Instructor

C.P.R./AED: _____
Type Date of Completion Instructor

Emergency Water Safety: _____
Location Date Instructor

Any other certifications: _____
Location Date Instructor

Location Date Instructor

Read Carefully Before Signing

I, the undersigned, understand that falsification of this application may result in disqualification or removal from a City position. Further, I understand that a police investigation for records of any criminal convictions that have not been expunged will be made. I agree to submit to the required employment medical examination upon employment. ***I certify that all answers to the questions contained in this employment application form are to best of my knowledge, true and complete.***

Date _____ Legal Signature of Applicant _____