



APPLICATION FOR SUMMER EMPLOYMENT

CITY OF SEA ISLE CITY

233 JOHN F. KENNEDY BOULEVARD

SEA ISLE CITY, NJ 08243

(609) 263-4461

PLEASE PRINT

TODAY'S DATE: _____

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

PLEASE NOTE: BACKGROUND SCREENINGS ARE REQUIRED FOR ALL EMPLOYMENT OPPORTUNITIES

DO YOU HAVE A CURRENT DRIVER'S LICENSE: _____ IF YES, DO YOU HAVE CDL: _____

DRIVER'S LICENSE: _____
(STATE) (DRIVER'S LICENSE NUMBER)

HIGHEST LEVEL OF EDUCATION: _____

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

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

REASON FOR SUMMER EMPLOYMENT AND ALSO LIST REFERENCES:

WHICH DEPARTMENT(S) ARE YOU INTERESTED IN SUMMER EMPLOYMENT: (CHECK BELOW)
PUBLIC WORKS LABORER _____ BEACH TAGGER _____ LIFEGUARD _____ RECREATION LEADER _____