

City of Burlington
525 High Street
Burlington, New Jersey 08016

*File in Post
D.H. Ballou*



**JOB POSTING
SEASONAL/TEMPORARY**

Temporary Program Assistants-Summer Arts and Crafts Program

Part-time, Temporary

Exact dates to be determined

6 Weeks - Approximately end of June to early August 2019

P/T, temporary, seasonal position working with City's Arts and Crafts program for children ages 5 to 10 years old. Under direction, provides guidance and instruction to children participating in daily arts and crafts program. Under direction provides guidance and assistance to children participating in various activities designed for children such as field trips, bingo, and outdoor activities. Minimum age 18. Background check and physical required. Interested persons should complete an application at City Hall, 525 High Street, Burlington, NJ 08016. No telephone calls please. Minimum starting rate \$10.00 per hour. No benefits. Preference to City of Burlington residents. The City of Burlington is an Equal Opportunity Employer. If you need reasonable accommodations to apply due to disability please call 386-0200, ext. 119.

Application for Employment

Please Print

City of Burlington
525 High Street
Burlington, NJ 08016

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Applicant ID # _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # (____) _____ Cellular/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Starting job title/final job title _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	E-mail: _____
Summarize the type of work performed and job responsibilities. _____	
Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Starting job title/final job title _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	E-mail: _____
Summarize the type of work performed and job responsibilities. _____	
Employer _____ (Telephone # _____)	Dates employed: _____ to _____ Month / Year to Month / Year
Street address _____ City _____ State _____	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Starting job title/final job title _____	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____	E-mail: _____
Summarize the type of work performed and job responsibilities. _____	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____	<input type="checkbox"/> E-mail _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

*****NOTICE***** To Applicants: Screening tests for illegal drug use may be required before hiring and during your employment here.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

CITY OF BURLINGTON AFFIRMATIVE ACTION VOLUNTARY INFORMATION

The City of Burlington considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practises and do not discriminate on the basis of any unlawful criteria.

Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. To be filled separately from application. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date: ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement-Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you IF APPLICABLE _____

Applicant Information:

Name: _____ Telephone # (____) _____
Last First M.I.

Address: _____
Street City State Zip

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic / Latino (White race only) | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Hispanic / Latino (all other races) | |

For Administrative Use Only

Position(s) applied for

- Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes: _____

Completed by : _____ Date ____/____/____