



PALISADES INTERSTATE PARK COMMISSION

P.O. Box 155 • Alpine, New Jersey 07620

Tel. 201 768-1360 • Fax 201 767-3842

njpalisades.org

APPLICATION FOR PART-TIME AND/OR SEASONAL EMPLOYMENT

POSITION APPLIED FOR: _____ DATE: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Are you a U.S. citizen? **Yes No** Do you possess a valid automobile driver's license? **Yes No**

State and license number: _____ Expires: _____

Have you ever held or do you now hold any other licenses or professional certifications? **Yes No**

Type and expiration: _____

Have you served or are currently serving as a member of the United States Armed Forces, the United States Armed Forces Reserves, or the National Guard? **Yes No**

Branch of Service: _____

Are you a member of any volunteer fire department, ambulance corps, or rescue squad? **Yes No**

Please list: _____

Do you possess any valid first aid, CPR, EMT, or other lifesaving certifications? **Yes No**

Please list, with expiration: _____

Have you ever been employed by the Palisades Interstate Park Commission? **Yes No**

Position/Dept: _____ Supervisor: _____

Date from: _____ to: _____

Are you applying for more than one position with the Palisades Interstate Park in New Jersey? **Yes No**

For which position(s) are you also applying? _____

ALL APPLICANTS: *In one hand-written paragraph, please tell us why you would like to work for us. (Please use the back of this form or a separate sheet of paper.)*

STUDENTS: *Start summer break (date): _____ End summer break (date): _____*

Note: Both start and end dates must be filled in for application to be considered.



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Personal Interests—include hobbies, leisure-time pursuits, volunteer work, etc.

EDUCATION

Level	Name & Location	Year of Grad.	Type of Degree	Major Studies
High School				
College				
Other				

EMPLOYMENT RECORD (begin with most recent employer)

Name of Employer:		
Address:		
Name of Supervisor:	Phone:	
Position held:	Highest salary:	
Summary of Duties:		
Reason for leaving:	Employed from:	To:

Name of Employer:		
Address:		
Name of Supervisor:	Phone:	
Position held:	Highest salary:	
Summary of Duties:		
Reason for leaving:	Employed from:	To:

Attach additional sheets if needed—be sure to date and sign this application, below:

I hereby authorize the Palisades Interstate Park Commission to thoroughly investigate my driving record, background, employment record, and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Palisades Interstate Park Commission to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate the Palisades Interstate Park Commission to hire me.

Date _____ Signature _____