BOROUGH OF WHARTON
DEPARTMENT OF RECREATION

10 ROBERT STREET, WHARTON, NJ 07885-1997
973-361-8444 / Fax: 973-361-5281

SUMMER EMPLOYMENT APPLICATION

Date _____

Name_____ Social Security Number_____

Address_____

Telephone Number_____School_____

Grade You Will be Going Into _____

Have you ever works for the Borough of Wharton's Summer Recreation Program before? _____ If so, what year(s)?_____

References: Please give the name and phone number of two people who know you well. No relatives.

1._____ 2. _____

Extracurricular Activities/Hobbies:_____

Vacation Plans (If any please list dates):_____

Signature_____