



2019 Basketball: Employment Application

LAST NAME: _____ FIRST NAME: _____ MI: _____

D.O.B: _____ PHONE #: _____ SHIRT SIZE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

RETURNING EMPLOYEE OR NEW APPLICANT: _____

IF RETURNING, PLEASE LIST YOUR PREVIOUS POSITION: _____

APPLYING AS: Table Staff (Ex: Scorekeeper) Court Supervisor Referee

DO YOU HAVE EXPERIENCE IN THE POSITION YOU ARE APPLYING FOR? Yes No

>IF YES, PLEASE DESCRIBE: _____

>IF APPLYING AS A REFEREE, PLEASE LIST CERTIFICATIONS: _____

RATE YOUR KNOWLEDGE OF THIS SPORT ON A SCALE FROM 1-10 (10 BEING THE HIGHEST): _____

HAVE YOU COMPLETED THE RUTGERS YOUTH S.A.F.E.T.Y. CLINIC: Yes No

>IF YES, PLEASE INCLUDE PROOF OF CERTIFICATION

CPR/FIRST AID/AED CERTIFICATION: Yes No

>IF YES, PLEASE INCLUDE PROOF OF CERTIFICATION

PLEASE CHECK OFF THE SHIFTS WHICH YOU ARE AVAILABLE TO WORK:

Mondays 5:00 pm - 9:30 pm Tuesdays 5:00 pm - 9:30 pm Wednesdays 5:00 pm - 9:30 pm

Thursdays 5:00 pm - 9:30 pm Fridays 5:00 pm - 9:30 pm

PLEASE DESCRIBE ANY POTENTIAL SCHEDULE CONFLICTS: _____



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POLICIES

CELL PHONE/MOBILE DEVICE USE:

Access to and use of personal mobile devices including computers, phones, and tablets will be restricted to staff time off. Devices may only be used with permission from the Basketball Coordinator. The Township of Scotch Plains is not responsible for lost or stolen items. Will you agree to adhere to this policy? Yes No

BACKGROUND CHECK:

Does the Township of Scotch Plains have permission to perform a background check on you? Yes No

ATTENDANCE POLICY:

If hired, a weekly or full season schedule will be provided to you by the Recreation Department and/or the Basketball Coordinator. You are expected to work every day you are scheduled. Other time off (Ex: vacations) must be requested via email with at least two weeks notice. Any shift changes must be approved by the Recreation Department and/or the Basketball Coordinator. If you are sick or have an emergency situation, you are required to let the Basketball Coordinator know immediately. Three hours of notice is required whenever possible.

If you miss a shift without letting the Basketball Coordinator know, disciplinary action will be taken. If you miss two days of work without letting the Basketball Coordinator know, you will be terminated.

If you are more than ten minutes late to a shift on three different occasions, disciplinary action will be taken.

Will you agree to adhere to this policy? Yes No

Signature: _____

Date: _____



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EMPLOYMENT HISTORY

Employer:	Position & Nature of Work:	Supervisor Name & Phone #:	Dates:	Reason for Leaving:

Application Deadline: May 10, 2019. Return Application To:

Scotch Plains Recreation
ATTN: Julie Buonaguro
430 Park Avenue, Scotch Plains, NJ 07076
jbuonaguro@scotchplainsnj.com

Office Use Only:

DATE APPLICATION WAS RECEIVED: _____ INTERVIEW: Yes No

SCHEDULED INTERVIEW DATE/TIME: _____

NOTES: