



Application For Employment

5 Graphics Drive | Ewing New Jersey 08648 | 609-393-5855

PERSONAL INFORMATION

Position Applying For: _____ Salary Requirement: _____ Date of Application: ____/____/____

Name: _____ Soc Sec. # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home (____) _____ Cell: (____) _____ Email: _____

If under 18, can you furnish a work permit? ☐ Yes ☐ No. Are you legally eligible to work in the United States? ☐ Yes ☐ No

Indicate Preferred Work Schedule: (*check all that apply*) ☐ Full Time ☐ Part Time ☐ Days ☐ Evenings ☐ Weekends

EMPLOYMENT EXPERIENCE

Current Employer

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Salary: _____

Supervisor's Name: _____ Start Date: ____/____/____ End Date: ____/____/____

Reason for leaving: _____

Duties and responsibilities: _____

Previous/Other Employment

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Salary: _____

Supervisor's Name: _____ Start Date: ____/____/____ End Date: ____/____/____

Reason for leaving: _____

Duties and responsibilities: _____

Previous/Other Employment

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Salary: _____

Supervisor's Name: _____ Start Date: ____/____/____ End Date: ____/____/____

Reason for leaving: _____

Duties and responsibilities: _____

Do you have previous experience working in aquatics, gymnastics, recreational sports or summer camps? ☐ Yes ☐ No
If yes, briefly describe what you have done, include the name, address, and phone of former employer.

Do you have any experience working with children or adults with developmental or intellectual disabilities? ☐ Yes ☐ No
If yes, briefly describe what you have done, include the name, address, and phone of former employer.

EDUCATION BACKGROUND

High School: _____ City: _____ State: _____

Number of years: _____ Did you graduate? ☐ Yes ☐ No Degree/Diploma?: _____

College: _____ City: _____ State: _____

Number of years: _____ Did you graduate? ☐ Yes ☐ No Degree/Diploma?: _____

Other education experience or degrees? _____

REFERENCES

Name: _____	Name: _____	Name: _____
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Phone: (____) _____	Phone: (____) _____	Phone: (____) _____
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Email: _____	Email: _____	Email: _____
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Relation to you: _____	Relation to you: _____	Relation to you: _____
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ADDITIONAL INFORMATION

Please list relevant skills, training, and/or licenses that help qualify you for the job: _____

How do you feel you could contribute to ISPT in a positive way? _____

What would you like to get out of this job? _____

I certify that answers given herein are true and completed to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

I understand that ISPT conducts criminal background checks for new hires. I authorize ISPT or their chosen vendor to exchange criminal history information with various criminal justice agencies.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of ISPT.

Signature: _____ Date: ____/____/____