



City of Woburn, Massachusetts

Recreation Department

Rory P. Lindstrom
Recreation Director

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APPLICATION FOR EMPLOYMENT

Name _____ Social Security No. _____ (Optional) Home Phone _____
Cell Phone _____

Street _____ City _____ State _____ Zip Code _____

Position Desired _____ Date of Application _____

Work Schedule: Full-Time _____ Part- Time _____ If latter, hours _____

Education (If applicable to Job)

| High School/College Attended | | | | | |
|------------------------------|----------|------|----|-------------------------|--------|
| Name | Location | From | To | Field of Specialization | Degree |
| | | | | | |
| | | | | | |
| | | | | | |

Employment (Start with most recent)

| | | | |
|-------------|---------------------|-----------|--------------------------------|
| From: | To: | Employer: | Address: |
| Job Title: | Duties: | | Telephone No. |
| Supervisor: | Reason For Leaving: | | May this reference be checked? |

| | | | |
|-------------|---------------------|-----------|--------------------------------|
| From: | To: | Employer: | Address: |
| Job Title: | Duties: | | Telephone No. |
| Supervisor: | Reason For Leaving: | | May this reference be checked? |

| | | | |
|------------|----|---------------------|--------------------------------|
| From | To | Employer | Address |
| Job Title | | Duties | Telephone No. |
| Supervisor | | Reason For Leaving: | May this reference be checked? |

Special Skills

Additional information helpful in establishing qualifications

Emergency: Notification

_____ (NAME)

_____ (ADDRESS) _____ (TELEPHONE)

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1. I hereby authorize the City of Woburn to verify these statements and references without liability arising there from.
 2. I understand that any misrepresentation of fact in this application may be cause for discharge after employment
 3. I understand that employment is subject to my passing a physical examination by a physician, and I authorize disclosure for such examination to the City of Woburn

Date _____

Applicant's Signature _____

For Department use