

## Woburn Recreation Department Job Application

Name:	Age:	Date of Birth:
Address:		
Cell Phone Number:	Socia	al Security #
E-Mail:		_
Have you ever been employed by the City o	f Woburn before? Ye	es or No (Circle)
If employed and you are under 18, can you f	urnish a work permit	? Yes or No (Circle One)
Position(s) Applying for – Please Check		
School Year Counselor	Lifeguard	Summer Park Instructor
Basketball Supervisor Basket	ball Referee	Adaptive Program Instructor
Other:		
How did you find out about the position(s) f anyone referring you to apply for this job:		
Why do you want to be part of the Woburn 1	Recreation Staff:	
What skills or talents do you feel you can of	fer?	
Please list any special interests, or abilities, arts & crafts, music/theater, sports, swimming	C	ted to: speaking a foreign language,
Please list any awards or clubs/groups you h with:		involved with or have been involved

How many ho	ours/days/weeks of wo	ork are you looking for?	<u> </u>	
Please state y	our highest level of ed	lucation completed or c	urrent grade:	
Please check	any current certifica	ations you may have:		
CPR	First Aid	Lifeguarding	Water Safety Instructor	
Other (Ple	ease list)		Expiration Date:	
		nce you may have. Inc h your present or mos	clude volunteer work, babysitting, or paid t recent job.	
Employer:		Job Title:		
Dates Employ	/ed:	Reason For Leaving:		
Job Duties: _				
Employer:		Job Title:		
Dates Employ	ved:	Reason For Leaving:		
Job Duties: _				
-	to 3 References (oth h, past or current tea		friends). References include a past or	
Name:		Phone:		
How do you k	know this person?			
Name:		Phone:		
How do you k	know this person?			
Name:		Phone:		
How do you k	know this person?			
of all statement decision. In the	ts contained in this appl e event of employment, may result in discharge	ication for employment as I understand that false or	pest of my knowledge. I authorize investigation is may be necessary in arriving at an employment misleading information given in my application arm required to abide by all rules and regulations	
Applicant Sig	nature:		Date:	
Parent/Guardi	ian Signature(if applic	cant is under age 16):		

Please return completed application to Rory Lindstrom <a href="relindstrom@cityofwoburn.com">rlindstrom@cityofwoburn.com</a> or Brian Nagle <a href="mailto:bnagle@cityofwoburn.com">bnagle@cityofwoburn.com</a> or drop off at the Recreation Office located at City Hall. We recommend you contact the Recreation Office to confirm receipt of application.