



Woburn Recreation Department

Job Application

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Cell Phone Number: _____

E-Mail: _____

Have you ever been employed by the City of Woburn before? Yes or No (Circle)

If employed and you are under 18, can you furnish a work permit? Yes or No (Circle One)

Position(s) Applying for – Please Check

School Year Counselor ☐

Lifeguard ☐

Summer Park Instructor ☐

Basketball Supervisor ☐

Basketball Referee ☐

Adaptive Program Instructor ☐

Other: _____

How did you find out about the position(s) for which you are applying for? Please include names of anyone referring you to apply for this job: _____

Why do you want to be part of the Woburn Recreation Staff: _____

What skills or talents do you feel you can offer? _____

Please list any special interests, or abilities, including but not limited to: speaking a foreign language, arts & crafts, music/theater, sports, swimming, etc.

Please list any awards or clubs/groups you have received or been involved with or have been involved with: _____

How many hours/days/weeks of work are you looking for? _____

Please state your highest level of education completed or current grade: _____

Please check any current certifications you may have:

CPR ☐ First Aid ☐ Lifeguarding ☐ Water Safety Instructor ☐

Other ☐ (Please list) _____ Expiration Date: _____

Please describe any work experience you may have. Include volunteer work, babysitting, or paid work experience. Please start with your present or most recent job.

Employer: _____ Job Title: _____

Dates Employed: _____ Reason For Leaving: _____

Job Duties: _____

Employer: _____ Job Title: _____

Dates Employed: _____ Reason For Leaving: _____

Job Duties: _____

Please list up to 3 References (other than relatives and friends). References include a past or current coach, past or current teacher, employer, etc.

Name: _____ Phone: _____

How do you know this person? _____

Name: _____ Phone: _____

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Name: _____ Phone: _____

How do you know this person? _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Woburn.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature(if applicant is under age 16): _____

Please return completed application to Rory Lindstrom rlindstrom@cityofwoburn.com or Brian Nagle bnagle@cityofwoburn.com or drop off at the Recreation Office located at City Hall. We recommend you contact the Recreation Office to confirm receipt of application.