



# TOWN OF LINCOLN

Middlesex County...Massachusetts

RECREATION DEPARTMENT

P.O. Box 6353

Lincoln, MA 01773-6353

Tel 781 259-0784

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## EMPLOYMENT APPLICATION

POSITION DESIRED \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### EDUCATION

WHERE	MAJOR	DEGREE (Y/N)	YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PERTINENT CERTIFICATIONS (LGT, WSI, CPR, FIRST AID, ETC.) COPIES MUST BE ATTACHED TO THIS APPLICATION

CERTIFICATION	EXPIRATION DATE
_____	_____
_____	_____
_____	_____

### PREVIOUS 5 YEARS WORK EXPERIENCE



CHECK HERE IF YOU HAVE NO PRIOR WORK HISTORY

EMPLOYER	CONTACT NAME	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### REFERENCES (PLEASE GIVE THE NAME OF AT LEAST THREE NON-RELATIVES)

NAME	RELATION	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

