



Town of Lynnfield
Recreation Department

Jimmy Olsen
Recreation Director

55 Summer St
Lynnfield, MA 01940
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APPLICATION FOR EMPLOYMENT

Name _____ Home Phone _____ Cell Phone _____

Street _____ City _____ State _____ Zip Code _____

Position Desired _____ Date of Application _____

Work Schedule: Full-Time _____ Part Time _____

Education

(If applicable to job)

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

Employment

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

Special Skills

If you have volunteered in the past for Lynnfield Rec please describe the role/duties/initiatives you took on.

Additional Information helpful in establishing qualifications

References:

Name	Email	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Emergency Notification

Name: _____ Relationship: _____

Telephone: _____

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1. I hereby authorize the Town of Lynnfield to verify these statement and reference without liability arising there from.
 2. I understand that any misrepresentation of fact in this application may be cause for discharge after employment

Date _____ Applicant's Signature _____

For Department Use