



City of Woburn, Massachusetts

Park Department

City Hall
10 Common Street
Woburn, MA 01801
Tel: (781) 897- 5805
Fax: (781) 897 – 5809

James H. DeLong
Park Superintendent

Job(s) Desired

Application for Part Time Employment

Name: _____ Date of Birth: _____

Address: _____ Year in School: _____

Phone Number: _____ Best time to Contact you: _____

References:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Experience: (Please list current or most recent employment first)

Dates of Empl.	Job Held	Name and Address of Employer
_____	_____	_____
_____	_____	_____

Education: (Please List all schools attended)

Dates Attended	Name/Address of School	Subjects Studied/Degree
_____	_____	_____
_____	_____	_____

Additional Information: _____

Signature: _____ Date: _____