

RECYCLING TEAM
LYNN DEPARTMENT OF PUBLIC WORKS
 250 COMMERCIAL STREET
 LYNN, MA 01905
 781-477-7096
2018 EMPLOYMENT APPLICATION

PERSONAL STATUS		
I am Applying for: <input type="checkbox"/> Recycling Inspector OR <input type="checkbox"/> Recycling Team Supervisor		
Name:		
Address:		
City:	State:	Zip Code:
E-mail Address:		
Cell Phone #:	Home Phone #:	
Date of Birth: ___/___/_____		

EDUCATION				
Type of School	Name of School	Location	Dates Attended (M/Y - M/Y)	Degree/Date of Completion
High School				
College				
Other				

EMPLOYMENT RECORD

Begin With Most Recent Employment

Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates: From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number

REFERENCES

Please give the names of three (3) persons not related to you.

Name	Address	City, State, Zip Code	Phone Number	E-mail Address

Please use this space to add any further comments on why you would like to work on the Summer Recycling Team:

How did you find out about this position?

Applicant's Signature: _____

Date: ___/___/_____