



CITY OF MARLBOROUGH
RECREATION DEPARTMENT
APPLICATION FOR TEMPORARY / SEASONAL EMPLOYMENT

NAME: _____ D.O.B. _____ PHONE _____ E-mail _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EDUCATION:

HIGH SCHOOL: _____ YEAR OF GRADUATION: _____

COLLEGE: _____ MAJOR: _____ HIGHEST YEAR COMPLETED: _____

QUALIFICATIONS, CERTIFICATIONS AND LICENSES: Indicate with a check if you are currently certified in/as

LGT _____ CPR _____ FA _____ WSI _____

WORK EXPERIENCE:

EMPLOYER:

NAME: _____ POSITION: _____ DATES EMPLOYED: _____

NAME: _____ POSITION: _____ DATES EMPLOYED: _____

NAME: _____ POSITION: _____ DATES EMPLOYED: _____

PERSONAL REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

(Please Note: Applicants must be at least age 16 by June 30th)