

CITY OF LYNN
 250 COMMERCIAL STREET
 LYNN, MA 01905
 781-477-7096

2017 SUMMER YOUTH APPLICATION

PERSONAL STATUS

I am applying for: Parks & Rec. Summer Job *OR* Lynn Special Needs Camp Counselor

Name:

Address:

City:

State:

Zip Code:

E-mail Address:

Cell Phone #:

Home Phone #:

Date of Birth: ___/___/_____

ARE YOU CERTIFIED IN:

CPR:

_____ YES

_____ NO

FIRST AID:

_____ YES

_____ NO

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, which you believe, have enhanced your abilities to work with children, ages 6-13 years old.

How did you find out about this position?

Applicant's Signature: _____

Date: ___/___/_____