



TOWN OF WINDHAM
Department of Parks and Recreation

INTERNSHIP

EMPLOYMENT APPLICATION

Last Name: _____ Middle Initial: _____ First Name: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Phone: (h) _____ (c) _____

E-mail address: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Educational Background

High School Name	City	State	Years Attended
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College Name	Field of Study	City	State	Years Attended
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Work History (please list most recent first)

Company	Job Title	Dates of Employment	Phone Number
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List 2 Personal References (No relation to applicant)

Name	Relationship	Years Known	Phone #
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Requirements for School

Please tell us how this internship will help you in your professional development:

Is there any additional information about yourself that you feel we should know?

Authorization to release information

I hereby request and authorize you to furnish the Windham Recreation Department with any and all information that they may request (concerning my work record, educational history, military record, criminal record, general reputation, and past or present medical condition.)

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Windham Recreation employee.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information requested above or any subsequent use of such information determining my qualifications to serve as a Recreation employee. This release will expire 60 days after the date signed.

Signed **Date**