



OFFICE OF THE  
**BOARD OF SELECTMEN**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1001 Fax: 978-897-8457

**Job Application**

1. Date of Application: \_\_\_\_\_

2. Position Applied for: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. City or Town: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Telephone: \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_

9. Are you employed now?      Yes \_\_\_\_      No \_\_\_\_

10. May we contact your present employer?      Yes \_\_\_\_      No \_\_\_\_

11. On what date would you be available for work? \_\_\_\_\_

12. Mothers maiden name: \_\_\_\_\_

13. Signature: \_\_\_\_\_