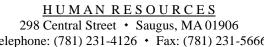


## **TOWN OF SAUGUS**

## PART TIME **SUMMER PROGRAM** APPLICATION

Please return to:



Telephone: (781) 231-4126 • Fax: (781) 231-5666		
	General Information	
1. Department: ☐ DPW ☐ CEMETERY ☐	YOUTH & REC  BUILDING	2. Requested Position:
3. Name of Referral: (if applicable)		4. Date of Application:
Applicant Information		
5. Name:		
Last	First	Middle Initial
6. Address:		
Number	Street	Apt. Number
City/Town	State	Zip Code
7. Telephone Number Home:		Cell:
	Area Code/Number	Area Code/Number
8. E-mail Address:		
11. Are you available Monday through Frida	y? ☐ YES ☐ NO If no, ple	ase explain:
Education		
Current School (if applicable)		
12. Name:		13. Years Completed:
	Honors & Activities	
14. Briefly list extracurricular, volunteer, or		ish you as a candidate for this program:
	n inc	
Personal References  15. Please provide the name & telephone number of two references (not related to you):		
	`	• ,
Name:	Years Known:	Telephone #:
Name:	Years Known:	Telephone #:
I certify that the information con	tained in this application is t	rue and complete to the best of my knowledge.
Signature		Date