



TOWN OF SAUGUS

PART TIME SUMMER PROGRAM APPLICATION

Please return to:

HUMAN RESOURCES

298 Central Street • Saugus, MA 01906

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: _____
9. Date of Birth: _____ 10. Have you previously been employed by the Town? ☐ YES ☐ NO
11. Are you available Monday through Friday? ☐ YES ☐ NO If no, please explain: _____

Education

Current School (if applicable)

12. Name: _____ 13. Years Completed: _____

Honors & Activities

14. Briefly list extracurricular, volunteer, or work activities which distinguish you as a candidate for this program:
- _____
- _____

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 contained in this application is true and complete to the best of my knowledge.

Signature _____ **Date** _____