



TOWN OF SAUGUS

APPLICATION FOR THE SUMMER EMPLOYMENT PROGRAM

HUMAN RESOURCES

298 Central Street
Saugus, MA 01906
Telephone: (781) 231-4126 • Fax: (781) 231-5666

The Town of Saugus is an Equal Opportunity/Affirmative Action Employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Saugus Human Resources Department.

General Information

1. Position Applied For: _____
2. Date of Application: _____
2. Referral Source: ☐ Newspaper Ad ☐ Employee ☐ Relative ☐ Town Website
(check all that may apply) ☐ School ☐ Walk-in ☐ Other
3. Name of Source (if applicable): _____
4. Relationship: _____

Applicant Information

5. Name: _____
Last First Middle
6. Address: _____
Number Street Apt. Number
City/Town State Zip Code
7. Telephone Number: Home: _____ Other: _____
Area Code/Number Area Code/Number
8. E-mail Address: _____
9. If hired, can you provide proof of citizenship or legal right to work? ☐ YES ☐ NO
All new employees will be required to complete an I-9 form to prove they are lawfully eligible to work in the United States
10. Date of Birth: ____/____/____
11. If yes, can you provide a valid work permit? ☐ YES ☐ NO
12. Are you currently or have you ever been employed by the Town of Saugus? ☐ YES ☐ NO

Education

13. Middle School

Name:	Years Completed:
Location:	Did you graduate? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>

High School

Name:	Years Completed:
Location:	Did you graduate? <div style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>

Honors & Activities

14. Briefly list any academic distinctions or honors you've received as well as any extracurricular, volunteer and/or work activities that distinguish you as a candidate for this program:

Personal References

Please provide the name, address & telephone numbers of three individuals (not related to you):

Name: _____	Years Known: _____
Address: _____	Telephone #: _____
Name: _____	Years Known: _____
Address: _____	Telephone #: _____
Name: _____	Years Known: _____
Address: _____	Telephone #: _____

I certify that the information contained in the application is true and complete to the best of my knowledge.

Signature _____ **Date** _____