

# TOWN OF SAUGUS

EMERGENCY MANAGEMENT AGENCY  
54 – 58 ESSEX STREET  
SAUGUS, MASSACHUSETTS 01906  
Telephone (781) 231-4175 • Fax (781) 231-4185

Paul O. Penachio  
Director

## APPLICATION FORM

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_ Nextell ID# \_\_\_\_\_

Drivers License # \_\_\_\_\_ Class of License \_\_\_\_\_

Radio Communication License Y\_\_ N\_\_ E.M.T. Y\_\_ N\_\_ EMT # \_\_\_\_\_

*Please list any other Licenses or Certifications held*

---

---

---

---

---

---

*Please list any other Emergency Response experience and references*

---

---

---

---

---

---

---

---

Approved By \_\_\_\_\_

Date Approved \_\_\_\_\_

Denied By \_\_\_\_\_

Date \_\_\_\_\_