



Scituate Recreation Department  
New LIFEGUARD Job Application  
Summer 2024

To submit your completed application, use postal mail to the address above or  
drop-off at the Recreation Department  
Submit by March 28, 2024

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PAY ATTENTION TO YOUR EMAIL- A missed correspondence could result in loss of opportunity**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of June 1, 2024: \_\_\_\_\_

**Lifeguard Information (ATTACH PHOTOCOPIES OF YOUR CURRENT CERTIFICATIONS)**

**NOTE:** Applications accepted while in process of obtaining certifications.

C.P.R. Certificate (date received): \_\_\_\_\_ ☐ Copy attached ☐ In Process

Waterfront Lifeguard Training Certificate (date received): \_\_\_\_\_ ☐ Copy attached ☐ In Process

First Aid Certificate (date received): \_\_\_\_\_ ☐ Copy attached ☐ In Process

Proof of Age (birth certificate, passport, license) \_\_\_\_\_ ☐ Copy attached ☐ In Process

Swim Suit Size: Men's Waist Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Women's Breast Size: (32-42): \_\_\_\_\_

T-Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-large

Jacket Size: ☐ Small ☐ Medium ☐ Large ☐ X-large

Sweatshirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-large

**Education Qualifications:** Institution \_\_\_\_\_ Degree \_\_\_\_\_ Dates Attended \_\_\_\_\_

Graduate: \_\_\_\_\_

Bachelor's: \_\_\_\_\_

College attending: \_\_\_\_\_

High School: \_\_\_\_\_

*Please detail your Lifeguard training/experience, including certifications/awards/interests*

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**Recreation Training is required for all employees. There are two mandatory trainings in the month of June. Attendance at both meetings is essential to your employment.**

**Date available to start:** \_\_\_\_\_

*Please take a moment to share the following:*

***List Three Adult References (Name, Phone Number, Relation - No relatives)***

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**The statements made by me in this application are full and true to the best of my knowledge and belief. I understand and authorize that the information provided may be verified, and that any willful misstatement of material facts herein will cause forfeiture on my part of all rights to any employment in the service of the Town of Scituate. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties a civil liability.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE TOWN OF SCITUATE IS AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

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RECREATION COMMISSION  
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.  
SCITUATE, MASSACHUSETTS 02066  
TEL: (781) 545-8738  
FAX: (781) 545-6990



## **CORI REQUEST FORM- APPLICANT**

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**PLEASE ATTACH A PHOTO I.D. (Student ID or Government issued ID)**

Town of Scituate Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

### APPLICANT/VOLUNTEER INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY NUMBER  
(Last 6 numbers required)

\_\_\_\_\_  
Identity Theft Index PIN \*  
(if applicable)

\_\_\_\_\_  
CURRENT ADDRESS:

\_\_\_\_\_  
FORMER ADDRESS:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\* THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**\* The CHSB identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**