

Town of Scituate

RECREATION COMMISSION
FRIENDS OF SCITUATE RECREATION, INC.

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



Scituate Recreation Department New COUNSELOR /DIRECTOR Application Summer 2024

To submit your completed application, use postal mail to the address above
or drop-off at the Recreation Department Office,
Submit by March 5, 2024

Today's Date: _____

Name: _____

Positions Applying For: _____

Mailing Address: _____

Primary Phone Number: _____

Email Address*: _____

PAY ATTENTION TO YOUR EMAIL

***Missed Email correspondence may result in loss of employment opportunity**

Date of Birth: / / Age as of June 1, 2024: _____

Emergency Contact: _____ Phone Number: _____

Education Qualifications:	Institution	Degree	Dates Attended
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Graduate: _____

Bachelor's: _____

College attending: _____

High School: _____

Volunteer/Work Experience, Certifications/Awards

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

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: _____

T-shirt size: ☐ small ☐ medium ☐ large ☐ x-large ☐ xx-large

PLEASE FILL OUT ALL FORMS

Please take a moment to share the following:

Position Applying for (Please numerically RANK all areas of interest):

<input type="checkbox"/> Little People	<input type="checkbox"/> Morning Adventure	<input type="checkbox"/> Young People Day	<input type="checkbox"/> Game Day	<input type="checkbox"/> Basketball
<input type="checkbox"/> Sailing	<input type="checkbox"/> Baseball	<input type="checkbox"/> Nautical Mile	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Soccer & Mighty Games
<input type="checkbox"/> Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Science Program	CORSE- All Stars	Short Fuse Theatre		

Extended-Day ☐ Friday Adventures

Why are you interested in working as an employee of the Recreation Department?

What qualities do you have that you feel will be an asset to the Recreation Department?

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/AFFIRMATIVEACTION EMPLOYER**



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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.**