



Scituate Recreation Department
New LIFEGUARD Job Application
Summer 2020
PLEASE PRINT

SUBMIT ALL APPLICATIONS TO scituaterecreationapplication@scituatema.gov

Today's Date: _____

Name: _____

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, 2020: _____

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: _____

Certifications/Awards/Interests:

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:

Please detail your Lifeguard training and/or experience.

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/AFFIRMATIVE ACTION EMPLOYER

References; please fill out attached separate sheets and turn in with application.



CORI REQUEST FORM- APPLICANT

SCIRD
G

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 Identity Theft Index PIN *
(Last 6 numbers required) (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.**



REFERENCE SHEET

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

_____ has applied to Scituate Recreation to become a counselor. It is mandatory that all applicants submit (3) references.

Would you please indicate below how you evaluate this applicant in each of the categories.

Category	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Verbal Communication Skills					
Demeanor/Disposition					
Ability to Work Independently					
Ability to Understand & Adhere to Organizational Structure, Policies, & Procedures					
Ability to Work with Children					
Ability to Fulfill Commitments/Responsibilities					
Ability to Manage Stressful Situations					
Ability to Follow Instructions					
Ability to Accept Correction/Criticism					
Ability to Work in Team					
Task Performance					

If you had (or do have) a child, would you place him/her in care of this individual?

YES NO

If you explained NO to the above question, please explain below in detail.

Additional Comments: (Please Print)

Please Print Name and Title

Relationship to Counselor Applicant

Company/Organization: _____

Address: _____ Email: _____

Phone Number & Best Time of Day to Be Reached: _____

Signature

Date

THANK YOU FOR YOUR COOPERATION!



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