



Scituate Recreation Department  
Returning LIFEGUARD Job Application  
Summer 2020

SUBMIT ALL APPLICATIONS TO [scituaterecreationapplication@scituatema.gov](mailto:scituaterecreationapplication@scituatema.gov)  
**PLEASE PRINT**

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

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

Position 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, 2020: \_\_\_\_\_

**Lifeguard Information**

**(ATTACH COPIES OF YOUR CURRENT CERTIFICATIONS...EVEN IF YOU HAVE WORKED FOR US IN THE PAST)**

**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**

---



**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.**