



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

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)

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

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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 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.**