

TOWN OF HANSON  
RECREATION COMMISSION  
JOB DESCRIPTION: LIFE GUARD  
Revised: 3-16-2017

QUALIFICATIONS:

- Must possess valid Lifeguard Certification
- Must possess valid First Aid & CPR/AED Certification

DUTIES:

- Scans area of surveillance to make sure that the patrons are safe and behaving according to the rules and regulations of the Hanson Recreation Commission and Cranberry Cove.
- Acts in emergency situations and provides rescue and first aid assistance up to his/her training level until medical personnel arrives
- Inspects the Cove facilities for unsafe conditions and cleanliness to prevent accidents and reports any hazards to the Beach Director or Recreation Director as soon as possible.
- Enforces rules and regulations consistently and fairly
- Fills out reports of incidents or other related records for reference
- Available for training and clean-up day as well as opening day and closing day

RESPONSIBILITIES:

- Renews required certification when they expire in a timely manner
- Stays fit to perform job adequately which requires swimming endurance and strength.
- Maintains professional appearance
- Interacts politely with public and acts as a role model for young children.
- Attends all meetings and training sessions for aquatic facility staff
- If you are assigned keys to the Cove area, you must sign them out and will not be issued your last check until such keys are returned to the Recreation Director.

WORKING CONDITIONS:

- Cranberry Cove is a Town owned pond waterfront; therefore lifeguards will be working mostly outdoors during heat and direct sunlight.
- Lifeguards will work weekends and Holidays during the summer season.
- Lifeguards may be required to work early evening hours.



2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** from: \_\_\_\_\_ to: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

---



---

**EDUCATION:**

Elementary						High	College/University	Graduate/Profession
School Name								
Years Completed: (circle)	4	5	6	7	8			
Diploma/Degree								
Describe Course of Study:								
Describe Specialized Training, Apprenticeship, Skills, and/or Extracurricular Activities								
Honors Received:								

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

---

Employ3

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veterans status): \_\_\_\_\_

---



---

Give name, address, and telephone number of three (3) references (who are not related to you)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Town.

\_\_\_\_\_

Signature of Applicant

Date

*The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

*I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Hanson to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Hanson any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Hanson's use only.*

*I hereby voluntarily release, Discharge and exonerate the Town of Hanson, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Hanson.*

*I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.*

*If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.*

*I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.*

*I represent that I have read and fully understand the foregoing and seek employment under these conditions.*

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

Employ4

*"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, genderl orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited".*

*It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.*

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

*(Please Print)*

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Referral Source:     Advertisement                       Friend                       Relative                       Walk-In  
                                  Employment Agency                       Other: \_\_\_\_\_

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

Last                                              First                                              Middle

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

Number                                              Street                                              City                                              Zip

Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Position(s) applied for is open:                       Yes                       No

Arrange Interview:                       Yes                       No

Employed:                       Yes                       No

Position(s) considered for: \_\_\_\_\_

Remarks: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

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

Notes: