

# Cohasset Swim Center - Summer Employment

- Please fill out completely and accurately.  
It is OK to leave sections blank if not applicable.
- Mail to: Cohasset Swim Center, P.O. Box 132, Cohasset, MA 02025

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you over the age of 18? Yes: \_\_\_\_\_ No: \_\_\_\_\_ if not, state your age: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(requested but not required)

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If applicable: \_\_\_\_\_  
(School) (Address) (Phone)

\_\_\_\_\_   
(Major) (Minor) (Class)

If applicable: \_\_\_\_\_  
(Work) (Address) (Phone) (Position)

\_\_\_\_\_   
(Work) (Address) (Phone) (Position)

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## Position applying for: (check one)

Front Desk: \_\_\_\_\_ (must be 14 years of age)

Lifeguard: \_\_\_\_\_ (must be 16 years of age) \_\_\_\_\_  
(Certification date and location)

Water Safety Instructor: \_\_\_\_\_ (must be 16 years of age) \_\_\_\_\_  
(Certification date and location)

Other: \_\_\_\_\_ (must be 16 years of age)

Additional certifications? CPR: \_\_\_\_\_ First Aide: \_\_\_\_\_ Other: \_\_\_\_\_

Level of Experience: \_\_\_\_\_

Available for an interview: \_\_\_\_\_

Available to begin work: \_\_\_\_\_ end: \_\_\_\_\_

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**Work Experience:** Place an **X** by the employer(s) you do **not** want us to contact. Your work experience may include any verifiable volunteer work you have performed. List your most recent employer first. It is OK to leave sections blank if not applicable.

1) Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
*(Date)*                      *(Supervisor)*                      *(Your Reference's Position)*                      *(Phone)*

\_\_\_\_\_  
*(Your Position)*                      *(Work Performed)*

\_\_\_\_\_  
*(Reason for Leaving)*                      *(Salary)*

2) Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
*(Date)*                      *(Supervisor)*                      *(Your Reference's Position)*                      *(Phone)*

\_\_\_\_\_  
*(Your Position)*                      *(Work Performed)*

\_\_\_\_\_  
*(Reason for Leaving)*                      *(Salary)*

3) Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
*(Date)*                      *(Supervisor)*                      *(Your Reference's Position)*                      *(Phone)*

\_\_\_\_\_  
*(Your Position)*                      *(Work Performed)*

\_\_\_\_\_  
*(Reason for Leaving)*                      *(Salary)*

**Personal References:** List three that are familiar with your leadership and character not related to you, whom you have know for at least one year.

1) \_\_\_\_\_  
*(Name)*                      *(Relationship)*                      *(Phone)*                      *(Occupation)*

2) \_\_\_\_\_  
*(Name)*                      *(Relationship)*                      *(Phone)*                      *(Occupation)*

3) \_\_\_\_\_  
*(Name)*                      *(Relationship)*                      *(Phone)*                      *(Occupation)*

**Emergency Contact Person:**

\_\_\_\_\_  
*(Name)*                      *(Relationship)*                      *(Address)*                      *(Phone)*

Are you legally authorized to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

If hired, you will be required to verify your identity and work authorization in compliance with the Immigration Reform and Control Act (IRCA).



## Cohasset Swim Center - Employment

### Carefully read all parts of this application form before signing

- I understand that acceptance of this application by the Cohasset Swim Center does not imply that I will be employed.
- The information that I provided is true and complete. I understand that misrepresentation or omission of any facts in my application, resume, or in any other material or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that any offer of employment that I receive from the Cohasset Swim Center is contingent upon my successful completion of the pre-employment screening process including but not limited to the C.S.C. receiving satisfactory references, a satisfactory criminal history and criminal offense Record Inquiry (CORI/SORI check) and/or credit check if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required examination.
- In processing my application, the Cohasset Swim Center may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- I authorize the Cohasset Swim Center to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting: my present and former employers; individuals listed as business, educational or personal references; and other individuals to provide or further clarify information about me.
- I hereby release the Cohasset Swim Center, my present and former employers and all individuals contacted for factual information about me, from any and all liability for damages arising from furnishing the requested information.
- If employed by the Cohasset Swim Center, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to a physical examination, that I may be subject to drug and/or alcohol testing, that the C.S.C. may request a CORI/SORI and/or credit check on me, investigate my driving record or verify my license(s) or certifications as required for employment at any time during my employment. I hereby authorize the C.S.C. to conduct a CORI/SORI and/or Credit Request Form reflecting my authorization of the CORI/SORI and/or Credit check. I further release to the C.S.C. and its agents from any and all potential claims associated with the C.S.C.'s performing a CORI/SORI and or Credit check on me in connection with my application for a position with the C.S.C. As a condition of employment an employee may be required to provide additional or updated information and may require both drug testing and employment physical in order to allow us to have necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand that the Cohasset Swim Center is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time.
- I have access to a copy of the Seasonal Determination from the Division of Unemployment Assistance and understand that I am a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance Benefit Claim, except under certain conditions. <http://www.lawlib.state.ma.us/source/mass/cmr/cmrtxt/430CMR12.pdf>

**My signature certifies that I have read and agreed with the above statements and all statements contained in this employment application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_