



**TOWN OF WESTPORT**  
WESTPORT, MASSACHUSETTS 02790

[stewartd@westport-ma.gov](mailto:stewartd@westport-ma.gov)  
[westport-ma.com](http://westport-ma.com)

BEACH COMMITTEE

The Town of Westport is seeking qualified candidates to fill the seasonal position of **Head Lifeguard** for summer 2023 for Cherry & Webb Beach.

Pay: \$25 per hour; approximately 40 hours per week.

Application and job description are available through the Town of Westport website, [www.westport-ma.com](http://www.westport-ma.com) and can be submitted to [stewartd@westport-ma.gov](mailto:stewartd@westport-ma.gov). Deadline is when the position is filled. AA/EOE

## Head Lifeguard

The Head Lifeguard is in charge of all of the lifeguards at Cherry & Webb beach and is on site at the beach during the majority of the working lifeguard hours. The Head Lifeguard reports to the Beach Manager and will be given specific duties. The Head Lifeguard ensures all lifeguards are monitoring activities in the swimming and beach areas at Cherry & Webb beach. They are there to prevent accidents and provide assistance to swimmers in distress. Responsible for ensuring the safety of beach-goers by preventing and responding to emergencies.

The Head Lifeguard must:

- Be at least 18 years old
- Possess at least one season of lifeguarding experience
- Lifeguard Certification
- First Aid Certification
- CPR/AED for the Professional Rescuer Certification
- Preferably possess certification in the American Red Cross Lifeguard Management



## Application for Employment

### TOWN OF WESTPORT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job-related medical condition or handicap.

#### GENERAL INFORMATION:

(Please Print)

Position for which you are applying: \_\_\_\_\_

Date of application: \_\_\_\_\_

What led you to apply for a position at the Town of Westport?

Newspaper Advertisement: \_\_\_\_\_, Referred by an employee of the Town: \_\_\_\_\_ If yes, by whom? \_\_\_\_\_, Friend/Relative \_\_\_\_\_, Other \_\_\_\_\_

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(Last) (M.I.) (First)

Address: \_\_\_\_\_  
(Street or Post Office Box #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address (optional): \_\_\_\_\_

#### EDUCATION:

High School: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
(Name of School)

Vocational: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_  
(Name of School)

University/College: \_\_\_\_\_ Year completed: 1 2 3 4  
(Name of School) (Please circle)

Diploma / Degree: \_\_\_\_\_

Licenses / Certifications: \_\_\_\_\_

Do you speak, read or write a foreign language? If so, what language? \_\_\_\_\_

**EMPLOYMENT HISTORY** (Begin with most recent employer):

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Last position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please list three (3) references (not related to you) that are familiar with you through previous employment or other associations.

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Are you a veteran of the U.S. military service? Yes \_\_\_\_\_ No \_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:**

Government contractors are subject to Section 402 of the Vietnam Era Veterans readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual      Disabled Veteran      Vietnam Era Veteran

Signed: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the United States?    Yes \_\_\_\_\_    No \_\_\_\_\_

Are you available to work:    Full Time \_\_\_\_\_    Part Time \_\_\_\_\_    Seasonal \_\_\_\_\_

Date available to start work: \_\_\_\_\_

**I hereby state that the information I have provided on this application is true and accurate to the best of my knowledge. I authorize the verification of any or all of the information and any inquiries permissible by law to determine my suitability for employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Westport.**

**Applicant's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Resume:**    Mailed previously \_\_\_\_\_,    Attached \_\_\_\_\_,    Will be forwarded \_\_\_\_\_

## PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquires may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

|                                                                                           |                                 |                                     |                      |
|-------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|----------------------|
| Last Name                                                                                 | First                           | Middle                              |                      |
| Applicant's Signature                                                                     | Driver's License Number & State |                                     |                      |
| <u>Response to the Questions in This Section are Optional &amp; Voluntary for ID Only</u> |                                 |                                     |                      |
|                                                                                           | Date of Birth:                  | Race:                      Sex: M F |                      |
| Former Names & Time Frames (If Applicable)                                                |                                 |                                     |                      |
| Current Address                                                                           | City/State                      | Zip & County                        | Dates (Month & Year) |
| Previous Addresses                                                                        |                                 |                                     |                      |
|                                                                                           |                                 |                                     |                      |
|                                                                                           |                                 |                                     |                      |
|                                                                                           |                                 |                                     |                      |

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name