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**TOWN OF MEDFIELD**  
**2025 Lifeguard Application**  
**FOR EMPLOYMENT**

**Park & Recreation Department**

496 Main St—UCC Church  
Medfield, MA 02052  
508-350-7030



**ALL LIFEGUARD APPLICATIONS ARE DUE BY FRIDAY, April 4th**  
**To The UCC Church or By Email to: [kwalper@medfield.net](mailto:kwalper@medfield.net)**

The Medfield Park and Recreation Department is looking for Lifeguards for the Summer 2025 season! This job would be ideal for a candidate that loves the water, outdoors, being around children, help sell concessions, working with the public, and likes being part of a team. We are looking for responsible, energetic, outgoing candidates who want to have fun at Hinkley Pond and become a lifeguard. We are excited for Summer 2025 and look forward to receiving your applications. All applicants must adhere to Lifeguard policies and certifications.

**Applicants should be able to work 10 am-6 pm. Some weekend work required.**

**All lifeguards must be Lifeguard & Waterfront Certified**  
**( We provide waterfront Certification)**

**Interview Process**

Each candidate will need to attend and interview with aquatics and recreation directors. **After your application is submitted, you will receive an email to set up an interview.**

**Mandatory Training Dates**

All candidates who are selected for the summer lifeguard at Hinkley Pond this position will be required to attend **mandatory trainings** which will be determined after the hiring process.

We will have bi-weekly training in the summer for an hour.

Waterfront Certification is needed for this job, however we will provide the class and training for it . If you can't attend our class you'll need to find one on your own. You must pass the waterfront course in order to be a Lifeguard at Hinkley Pond.

**Hinkley Pond Dates: June 18th -August 22nd (subject to change)**  
**PLEASE FILL IN YOUR INFORMATION: (Please Print)**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Lifeguard Questionnaire**

Have you worked with children and families in the past :  Yes  No

Have you ever been responsible for money in the past:  Yes  No

Have you ever worked for the Medfield Recreation Department?  Yes  No

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**Are you related to any Town Employee :**  Yes  No

**Are you currently Certified to be a Lifeguard:**  Yes  No **If Yes, when does it expire?** \_\_\_\_\_

**If no, when do you plan on taking course:** \_\_\_\_\_

**How many hours would you ideally like to work each week:** \_\_\_\_\_

( We will help you find a course to become certified )

**TIME OFF REQUEST: The pond is open for a little over 40 days. Are you planning to take time off or leave to go back to school that may conflict with the time of employment?**  Yes  No **If yes, when** \_\_\_\_\_

**Availability**

**Please list days and times available to work Hinkley Pond :**  
**Hours of Pond: 10am-6 pm**

Monday \_\_\_\_\_ to \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday: \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer Name	Job Title	Dates of Employment	Supervisor	Reason for Leaving	May we contact this employer (Yes/No)

## EDUCATION

	Name of School	Major	Years Completed	Course Study
High School				
Undergraduate College				
Graduate College				

## ACTIVITY INVOLVEMENT– SPORTS, CLUBS, ETC

ACTIVITY NAME	POSITION HELD	YEARS INVOLVED	ACTIVITY LEADER NAME

## REFERENCES– PLEASE DO NOT INCLUDE ANY FAMILY

NAME AND ADDRESS	PHONE

## RELATED QUESTIONS *(Please use back, if needed)*

Why are you interested in becoming a Lifeguard?

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What are some qualities, assets or characteristics you possess that would make you a favorable candidate for this position?

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How would you ensure that you provide a great experience for our participants and public this summer who use Hinkley Pond?

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## PERSONAL INFORMATION

The Town of Medfield is subject to certain labor provisions of persons under the age of 18.

Are you under age 18?

Yes  No

If yes, please indicate your age: \_\_\_\_\_

Only US Citizens or other persons who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your legal identity and legal right to work in the US?

Yes  No

### **An Equal Opportunity/Affirmative Action Employer**

*The Town of Medfield is an Equal Opportunity Employer. Town of Medfield considers applicants for all positions without discrimination on the basis of race, color, religion, sex, marital status, national origin, age, physical or mental disability, sexual orientation, ancestry, veteran status or any other class protected by federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.*

## Signature of Applicant

### CAREFULL READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand the acceptance of this application by the Town of Medfield does not imply that I will be employed.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials 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 Town of Medfield is contingent upon my successful completion of pre-employment screening process including but not limited to the Town of Medfield receiving satisfactory references, a satisfactory criminal history and criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- In processing my application for employment, the Town of Medfield my 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 Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any liability for damages arising from furnishing the requested information.
- If employed by the Town of Medfield, 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 undergo a physical examination, that I may be subject to drug/and or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record, or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand the Town of Medfield is at at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

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

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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