



Scituate Recreation Department  
SOC CER Application  
Summer 2012  
**PLEASE PRINT**

Today's Date: \_\_\_\_\_

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

Position of Employment: \_\_\_\_\_

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

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

Email Address(please print): \_\_\_\_\_

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

College Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of June 1, 2012: \_\_\_\_\_

**Education Qualifications:**

Level of Study	Degree	Date Granted	Dates Attended	Institution
<u>Graduate:</u> _____				
<u>Bachelor's</u> _____				
<u>Associate's</u> _____				
<u>High School:</u> _____				

**Recreation Instructor/ Supervisor Experience/Volunteer Experience (please be specific):**

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

**Certifications/Awards/Hobbies (Interests):**

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

**References, please include name, phone number and your relationship. Please list three (NO FAMILY REFERENCES)**

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

**Date available to start:** \_\_\_\_\_

**T-shirt size (please circle):** small medium large x-large xx-large

**Sweat shirt size (please circle):** small medium large x-large xx-large

**PLEASE FILL OUT BOTH SIDES**

*Please take a moment to share with the Recreation the following:*

*Why you want to work with us this summer?*

---

---

---

---

---

---

*Which programs are you interested in working for and why?*

---

---

---

---

---

---

---

---

---

---

*What qualities do you have that you feel will be an asset to the Recreation Department?*

---

---

---

---

---

---

---

---

---

---

*Any additional comments:*

---

---

---

---

---

---

---

---

---

---

**PLEASE FILL OUT BOTH SIDES**



**CORI REQUEST FORM- APPLICANT**

SCIRD  
G

PLEASE ATTACH A PHOTO I.D.

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 \*  
(Requested but not 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.**



## REFERENCE SHEET

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

\_\_\_\_\_ has applied to Scituate Recreation to become a counselor. It is mandatory that all applicants submit (3) references.

Would you please indicate below how you evaluate this applicant in each of the categories.

Category	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Verbal Communication Skills					
Demeanor/Disposition					
Ability to Work Independently					
Ability to Understand & Adhere to Organizational Structure, Policies, & Procedures					
Ability to Work with Children					
Ability to Fulfill Commitments/Responsibilities					
Ability to Manage Stressful Situations					
Ability to Follow Instructions					
Ability to Accept Correction/Criticism					
Ability to Work in Team					
Task Performance					

If you had (or do have) a child, would you place him/her in care of this individual?

YES  NO

If you explained NO to the above question, please explain below in detail.

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

Additional Comments: *(Please Print)*

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

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
Relationship to Counselor Applicant

Company/Organization: \_\_\_\_\_

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

Phone Number & Best Time of Day to Be Reached: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR COOPERATION!**

