

Town of Scituate

RECREATION COMMISSION
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.
SCITUATE, MASSACHUSETTS 02066
TEL: (781) 545-8738
FAX: (781) 545-6990



Scituate Recreation Department
Temporary Job Application: **SOCCER**
Summer 2010

Today's Date: _____

Name: _____

Position of Employment: _____

Social Security Number: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

College Address: _____

College Phone Number: _____

Date of Birth: ____/____/____ Age as of June 1, 2010: _____

Education Qualifications:

Level of Study	Degree	Date Granted	Dates Attended	Institution
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Graduate: _____

Bachelor's _____

Associate's _____

High School: _____

Recreation Instructor/ Supervisor Experience (please be specific):

Certifications/Awards/Hobbies (Interests):

References, please include name, phone number and your relationship. Please list three.

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

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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.**