

Beach Director/Head Lifeguard

2021

Job Description

Daily Duties

- Clean the beach, parking lot and paths of seaweed & debris. (bottles, cans, fireworks, etc)
- Flatten mat out
- Empty garbage cans into blue bin & place bins on street for weekly pick up
- Communicate with lifeguards, parking lot attendant and Vice President.
 - Fill in for Lifeguards and Parking Lot attendant when on break.
- Monitor latrine - pick up trash inside & outside.
- Mow & maintain grass areas. Trim, cut, and remove growth on paths. Dispose of debris/growth/trimmings. Trim and maintain area around the shed.
- Rake beach & pick up seaweed.
 - (this will be off-set by a private contractor 1-2 times per week)
- Ensure lifeguard equipment is safe and secure when not in use. Notify VP if equipment needs to be replaced or upgraded. Prepare first aid kit.
- Coordinate schedule with Vice President to ensure proper coverage of lifeguards.
- Manage lifeguards, including reporting hours to Vice President.
- Monitor beach, rocks and parking lot for non-members
 - Ask non-members to leave
- Check each morning for vandalism and reporting vandalism to Police and President / Vice President.
- Pre-beach clean-up at the beginning of the season
 - Assist in placement of Access Mat prior to opening day.
- Post-beach clean-up at the end of the season
 - Assist in removal of Access Mat from the beach at the end of the season.
- Anything else reasonably required by the board of directors.

Job Qualifications

- High school diploma or equivalent
- Certified Red Cross Lifeguard Training Certificate, or equivalent (preferred)
- American Red Cross CPR for the Professional Rescuer, or equivalent (preferred)
- American Red Cross Standard First Aid, or equivalent (preferred)

Salary

- \$7500 for season → \$500/week @ approximately 30 hours/week for 15 weeks & on call
 - Work Schedule- Weekends (8 hours per day) and approximately 3 days midweek

APPLICATION FOR SUMMER EMPLOYMENT

WATERFORD ASSOCIATION, INC.

Equal Opportunity Employer

It is the policy of the Waterford Association, Inc. to provide equal opportunity without regard to race, color, sex, gender, pregnancy, age, disability, religion, national origin, marital status, sexual orientation, ancestry, gender identity or expression, or any other criteria protected under applicable federal and/or state law. All questions must be answered and application signed.

Last Name	First	Middle	Date of Application					
Street Address			Home Phone					
City, State, Zip			Mobile/Cell Phone					
Email Address			Work/Business Phone					
When is the best time to reach you? <input type="checkbox"/> AM <input type="checkbox"/> PM		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever worked for Waterford Association, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your dates of employment and reason(s) for leaving employment:		Position Applying for: <input type="checkbox"/> Lifeguard <input type="checkbox"/> <input type="checkbox"/> Beach Director <input type="checkbox"/> <input type="checkbox"/> Parking Lot Attendant <input type="checkbox"/> To comply with American Red Cross standards, you must be 15 years of age or older to be employed as a <u>lifeguard</u> . I am 15 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your date of birth: Month _____ Day _____ Year _____ Can you furnish a Statement of Age/Working Paper as appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No		What date will you be available to begin work? Can you furnish proof of your right to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Driver's License Number: _____ Special Endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:						
If hired, is there anything which would prevent you from reporting to work each day on time and performing the essential functions of the position(s) applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:								
Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours Available per Week
FROM								
TO								

EDUCATIONAL BACKGROUND

School	Name and Location of School	GPA or Class Rank	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you going to school now? Yes No

If yes, do you take: Day Classes Evening Classes

EMPLOYMENT HISTORY

Waterford Association, Inc. reserves the right to contact prior and current employers. Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience, if applicable. Do not indicate "see resume."

1 Company Name and Mailing Address	Business Phone
	Employed (Month and Year) From: To:
Job Title and Name of Supervisor	
Describe Your Work	
Reason for Leaving Employment	

2	Company Name and Mailing Address	Business Phone
	Job Title and Name of Supervisor	Employed (Month and Year) From: To:
Describe Your Work		
Reason for Leaving Employment		

3 Relatives: List the names of any and all relatives (blood or otherwise) who previously worked for Waterford Association, Inc. If you know the title of the position held by your relative, please list the position.

Name of Relative	Nature of Relationship (e.g., mother, father, sister, etc.)	Position Held
1.		
2.		
3.		

4 References: List the name, nature, address and telephone number of three references. (References may *not* be related to you.)

Name/Address	Nature of Reference (e.g., personal, work, volunteer)	Phone Number
1.		
2.		
3.		

5 Certifications & Special Training: List any and all Special Training and/or Certifications and the dates received.

Special Training/Certification	Date Initially Received	Certification Current
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

6 Please indicate any other relevant training and/or experience you have that is not listed above.

7 Please list any relevant work and/or volunteer experience you have that is not listed above.

8 Please list any special skills, training, interests or hobbies.

9 Please list any relevant courses, First Aid courses, related employment opportunities or experiences you have had.

	Date Completed	Location	Instructor
Community Water Safety			
Lifeguard Training			
Head Lifeguard			
Waterfront Lifeguard			
Lifeguard Training Instructor			
Water Safety Instructor			
ARC Standard First Aid			
ARC Community First Aid and Safety			
ARC CPR for the Professional Rescuer			
AED Training			
Additional Training:			

DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST

Please be advised that prior to making a decision regarding your hire, Waterford Association, Inc. may conduct a urinalysis drug test as part of the application process. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.

I certify by my signature below that I have read and reviewed the "Disclosure and Acknowledgment of Intent to Conduct Drug Test," and I understand that I may be required to submit to a drug test as part of the application process.

Date: _____

Signature: _____

Printed Name: _____

**CERTIFICATION OF TRUTHFULNESS OF INFORMATION PROVIDED AUTHORIZATION TO
REQUEST INFORMATION AND TO RELEASE INDIVIDUALS/ENTITIES WHO PROVIDE
INFORMATION**

I certify that the information given herein is true and complete to the best of my knowledge. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a position.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by Waterford Association, Inc. in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

Date: _____

Signature: _____

Printed Name: _____

(A photocopy of this authorization is to be accepted as an original.)

OPTIONAL

In order to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws, applicants are invited to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Gender: Male Female

Ethnicity (check one):

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

Race (check all that apply):

- American Indian or Alaska Native** – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** – a person having origins in any of the black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.