

# TOWN OF WILLINGTON

## PARKS & RECREATION



**Job Title:** Lifeguard – Halls Pond

**Location:** Halls Pond, Willington, CT

**Employment Type:** Seasonal

**Expected Hours:** 20–40 hours per week, including weekend shifts up to 8 hours

**Pay Rate:** \$16.35 to \$18.00/hour, depending on qualifications and experience

**Season Dates:** June 20 through August 15, 2025

### Position Summary

The Town of Willington Parks & Recreation Department is hiring certified, dependable, and safety-focused seasonal Lifeguards for the 2025 summer season at Halls Pond. Lifeguards play a vital role in ensuring the safety of swimmers and creating a welcoming waterfront environment for all patrons.

### Minimum Requirements

- Must be at least 16 years of age
- Current American Red Cross Lifeguard Certification with Waterfront Certificate
- Current American Red Cross First Aid Certification
- Current American Red Cross CPR Certification
- Current American Red Cross AED Certification
- Certification as a Water Safety Instructor (WSI) is recommended but not required

### Key Responsibilities

- Monitor swimming and waterfront areas to prevent accidents and ensure safety
- Enforce beach and water safety regulations
- Perform rescues, administer first aid, and respond to emergencies
- Maintain a clean and organized beach area
- Conduct daily safety equipment inspections
- Communicate effectively with patrons, coworkers, and supervisors
- Work weekends and holidays, with shifts up to 8 hours

### Skills & Attributes

- Problem Solving: Effectively identifies and resolves issues
- Confidentiality: Maintains discretion with sensitive information
- Interpersonal Skills: Builds respectful, productive relationships with staff, patrons, and families
- Communication: Listens actively, communicates clearly, and writes effectively
- Innovation: Open to new ideas and approaches
- Emergency Response: Able to make quick, sound decisions in high-pressure situations

**Tools & Equipment**

All tools, safety gear, and first aid equipment are provided and stored on-site at Halls Pond.

**Physical Demands & Work Environment**

- Work occurs outdoors in hot, humid, or inclement summer weather
- Must be able to sit or stand for long periods based on lake attendance
- Frequent communication with patrons, coworkers, and town staff is required
- Ability to respond quickly and decisively in emergencies

**Background Screening**

Successful candidates will be subject to the Town of Willington background screening process, which includes a criminal background check as a condition of employment.

**How to Apply**

Submit your application and copies of certifications to:

Rachel Signor

Director of Parks & Recreation

[rsignor@willingtonct.gov](mailto:rsignor@willingtonct.gov)

(860) 487-3108

Applications will be accepted until the position has been filled.

# TOWN OF WILLINGTON

## APPLICATION FOR EMPLOYMENT

The Town of Willington is an Equal Opportunity / Affirmative Action Employer. It is the policy of the Town of Willington to provide equal employment opportunities without consideration of race, color, religion, age, gender, marital status, national origin, genetic information, veteran status, sexual orientation or any other legally protected status.

Please answer all questions and print legibly.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

### General Information

Name: \_\_\_\_\_  
Last First Middle

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

Social Security # \_\_\_\_\_

#of years at the above address: \_\_\_\_\_

Telephone number: (Please mark the best number to reach you with an \*)

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

If you are under 18 years of age, can you provide required proof of your eligibility to work?  
(please circle) **Y N**

Have you ever filed an application with us before? **Y N if yes, when?**

Have you ever been employed with us before? **Y N if yes, give date: \_\_\_\_\_**

Are you available to work: Part Time Full Time Temporary

Are you currently employed? **Y N**

May we contact your present employer? **Y N**

Are you currently on "lay-off" status and subject to recall? **Y N**

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? **Y N**

*\*Proof of citizenship or immigration status will be required upon employment*

Can you travel if a job requires it? **Y N**

Can you work overtime if the job requires? **Y N**

Do you have any friends or relatives working here? **Y N**

If yes, please list name and relationship to you:

\_\_\_\_\_  
Have you been convicted of a felony within the last 7 years? **Y N**

Conviction will not necessarily disqualify an applicant from employment:  
If yes, please explain: \_\_\_\_\_

## Education

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School/Prep				
College				
Graduate/Profession, Trade, or Other				

U.S. Military or Naval Service: \_\_\_\_\_ Present membership in National  
Rank: \_\_\_\_\_ Guard or Reserves \_\_\_\_\_

List any scholastic honors earned in high school, college or graduate school:

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If you did not graduate, explain your reasons for leaving: \_\_\_\_\_

Are you planning to pursue further studies?      **Y**      **N**

If yes, where and what courses? \_\_\_\_\_

Describe any job related training received in the United States Military or Naval Service:

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Use the space below to describe your interests and the skills and aptitudes that you feel qualify you for a position at the Town. If you need more space, please continue on a separate sheet.

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## Employment Experience

Start with your present or last job. Include any self-employment, summer and part time jobs, job related military service assignments and volunteer activities. If you need additional space, please continue on back:

Employer: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact your present Employer? **Y N**

Duties and Accomplishments: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact your present Employer? **Y N**

Duties and Accomplishments: \_\_\_\_\_

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

**If you need additional space, please continue on a separate sheet of paper.**

List any professional, trade, business or civic activities and offices held:

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status*

Have you ever been dismissed, involuntarily terminated  
or forced to resign from employment?

**Y N**

If yes, please explain: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your  
application: \_\_\_\_\_

Please list any other qualifications or specialized skills you have obtained from employment or  
other experience: \_\_\_\_\_

## References

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

If hired, what date would you be available to commence employment? \_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further understand that the use of this application form does not in any way obligate the Town of Willington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town of Willington. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment

relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. No supervisory, management or any other employee of the Town of Willington has the authority to make a commitment of guaranteed employment to me, and no document or publication of the Town of Willington shall interpret to make such a guarantee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the policies and procedures of the Town of Willington. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event a job is offered, I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### FOR PERSONNEL DEPARTMENT USE ONLY:

Arrange Interview:                      \_\_\_\_Y                      \_\_\_\_N

Remarks:

Employed:    \_\_\_\_Y                      \_\_\_\_N                      Date of Employment  
Job Title:                      Hourly Rate/Salary                      Dept:

By:\_\_\_\_\_

Connecticut Department of Children and Families  
**AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)**

DCF-3031  
 7/2022 (Rev.)



Page 1 of 1

I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other							
<b>I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.</b>							
Name of Agency (requesting background check)				Attention:			
Address: (No. and Street):				City:	State:	Zip:	
<b>I submit the following information to assist the Department of Children and Families in their search.</b>							
Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:	State:	Zip:	Start date at current address: (mm/dd/yyyy)	
<b>List all previous applicant addresses for the last five years</b> <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Address (No. and Street):		Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)
<b>Other names I have used (including preferred names, maiden, and previous marriages)</b> <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:			Middle Name:		
<b>Names of ALL children - biological/step (Including adult children in or out of the home)</b> <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:		Middle:	DOB:	Gender:	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
<b>This authorization will expire 180 days after the date of the signature</b>							
Applicant Signature:						Date:	
Submit at <a href="https://portal.dcf.ct.gov/Portal/Main/#dashboard">https://portal.dcf.ct.gov/Portal/Main/#dashboard</a> . To enroll your agency in the portal, please contact <a href="mailto:bgc.verification@ct.gov">bgc.verification@ct.gov</a> . For questions or support, please contact the Background Check Unit at <a href="mailto:bgc.verification@ct.gov">bgc.verification@ct.gov</a> .							