



**APPLICATION FOR EMPLOYMENT:**  FULL-TIME  RESERVE  VOLUNTEER **SEASONAL SURF LIFEGUARD**

CHECK ONE BOX ONLY

All sections to be completed by **APPLICANT ONLY**

**1a) PERSONAL DETAILS**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ Age: \_\_\_\_\_ Female:  Male:   
Bermuda Social Insurance Number: \_\_\_\_\_  
DAY/MONTH/YEAR  
SEE NO.17 OF RECRUITMENT INSTRUCTIONS

**1b) CITIZENSHIP INFORMATION – Submit a high quality colour copies of your passport displaying your picture, data page, “REGISTERED BERMUDIAN” stamp (if applicable) in addition to a copy displaying the passport front cover  (CHECK AS INCLUDED)**

Do you possess Bermudian status? YES  NO  If YES, go to 1d). If NO, do you currently reside in Bermuda? YES  NO . If YES, go to 1c). If NO, complete 1c) and provide your legal address outside of Bermuda in section 1d). A supplementary form will be sent to you to complete.

**1c) IMMIGRATION STATUS**

Please check one box only: SEE NO. 2 OF RECRUITMENT INSTRUCTIONS

- I am a Spouse of a Bermudian – submit a high quality copy of your marriage certificate
- I possess a Permanent Resident Certificate – submit a high quality copy of your certificate
- I have permission to Reside and Seek Employment – submit a high quality copy of your certificate
- I have none of the above

**1d) ADDRESS AND CONTACT INFORMATION**

Home/Street Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Mailing Address: IF DIFFERENT THAN ABOVE \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
THE BLS COMMUNICATES PRIMARILY THROUGH E-MAIL FOR ADMINISTRATIVE NEEDS. THIS SECTION MUST BE COMPLETED PROVIDING AN ACTIVE E-MAIL ADDRESS  
Home Telephone No: \_\_\_\_\_ Cell Telephone No: \_\_\_\_\_  
Have you been employed by this Department before? YES  NO  If YES, provide details: \_\_\_\_\_  
POSITION(S) HELD, DATES, ETC.

**2a) HEALTH STATUS – Applicants are required to be in good health and of a fairly high level of fitness.**

Do you have any allergies? YES  NO . If YES, provide details: \_\_\_\_\_  
Do you have any other medical conditions? YES  NO . If YES, provide details: \_\_\_\_\_  
Do you require use of glasses/correctors? YES  NO . If YES, is your vision corrected with their use? YES  NO

**2b) IMMUNIZATION STATUS**

Date of final Hepatitis B vaccination: \_\_\_\_\_ or Never/Unknown   
Date of most recent Tetanus/Diphtheria (Td) vaccination: \_\_\_\_\_ or Never/Unknown

**3a) EDUCATION – List all institutions attended:**

Schools, Colleges, Universities attended	Full or Part-time	Entered	Left
		MM/YYYY	MM/YYYY
		MM/YYYY	MM/YYYY
		MM/YYYY	MM/YYYY

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

**3b) QUALIFICATIONS – List all Qualifications obtained. Copies of Lifesaving (CPR/1<sup>st</sup> Aid/AED, Lifeguarding, EMT, etc.) certificates can be submitted with the completed application. **Returning Lifeguards must submit RLSS/NVBLQ award information:****

Academic, Professional and Technical qualifications obtained (Please include any RLSS award cert names & #s)	Date Obtained
	MM/YYYY
	MM/YYYY
	MM/YYYY
	MM/YYYY

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

**4) WORK EXPERIENCE** – List all jobs held:

Name of Employer	Post Held	Date Started	Date Left and Reason for Leaving
		MM/YYYY	MM/YYYY
		MM/YYYY	MM/YYYY
		MM/YYYY	MM/YYYY
		MM/YYYY	MM/YYYY

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

**5) VEHICLE/DRIVER’S LICENSE** – Employees are responsible for their own means of transport to and from their designated area of work/duty. Do you have a valid Bermuda Driver’s License to operate a light, intermediate and/or heavy truck? YES  NO

If YES, specify which one(s) and submit a high quality copy of your license: \_\_\_\_\_

**6) SEASONAL EMPLOYMENT AVAILABILITY** – The Lifeguard Service operates generally between 1st April and the 30th November. Please be as specific as possible with your dates in the section below as it will assist with training program arrangements, recruitment selection and assignment priorities during the Season if employed.

CAN YOU COMMENCE TRAINING/WORK IN APRIL AND WORK THROUGH TO NOVEMBER? PLEASE BE AS SPECIFIC AS POSSIBLE WITH DATES IN SECTION 6

I am available to start working: \_\_\_\_\_

DAY/MONTH/YEAR

My last available day of work is: \_\_\_\_\_

DAY/MONTH/YEAR

Educational/additional commitments (if applicable): \_\_\_\_\_

I.E. DATES OF EXAMS, PRESENTATIONS, ETC. PROOF OF ATTENDANCE MAY BE REQUESTED. SEE NO.20 OF RECRUITMENT INSTRUCTIONS

**7) PROFESSIONAL REFERENCES** – Provide **TWO** referees (I.e. current/previous supervisors), **NOT** relatives or members of the Legislature; that can be contacted in reference to this application. Please ensure that all contact details are current:

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

FIRST

MIDDLE (OPTIONAL)

LAST

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

Relationship: \_\_\_\_\_ Telephone No: 1) \_\_\_\_\_ 2) \_\_\_\_\_

(OPTIONAL)

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

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

FIRST

MIDDLE (OPTIONAL)

LAST

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

Relationship: \_\_\_\_\_ Telephone No: 1) \_\_\_\_\_ 2) \_\_\_\_\_

(OPTIONAL)

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

**8a) HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW?** YES  NO  If YES, provide details: \_\_\_\_\_

INCLUDE ANY CURRENT CONDITIONS THAT ARE IN PLACE STEMMING FROM THE CONVICTION(S). ATTACH ADDITIONAL SHEET(S) IF NECESSARY

**8b) SAFETY** – Employees of the Department of Parks’ Lifeguard Service are required to work island-wide. Are you able to work in **ALL** areas of Bermuda? YES  NO

**9) EMERGENCY CONTACT INFORMATION** – Provide contact information for one individual in Bermuda (over the age of 18) that can be contacted at any time in the event of an emergency:

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

FIRST

MIDDLE (OPTIONAL)

LAST

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

Relationship: \_\_\_\_\_ Telephone No: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

**10) NOTICE TO APPLICANTS** – I CERTIFY, to the best of my knowledge, that the information contained in the application is true and of factual record. I understand that should the information prove to be incorrect or misleading, the appointment whether offered or in effect may be cancelled and result in immediate discharge. I have read the Recruitment Instructions and have sought out clarification from the Department of Parks for any points of query inclusive of any COVID-19 controls. Having read the Recruitment Instructions, I understand that refusal to take a pre-employment drug test or have a positive pre-employment drug test will result in applicants not being hired. I understand that the completion of this application does not constitute an offer of employment. I hereby authorize and give consent to the Government of Bermuda (Department of Parks) to conduct security/police vetting and obtain reference information from my listed references for the purpose of assessment of my competence and suitability for the position applied for.

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

DAY/MONTH/YEAR

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED IF APPLICANT IS UNDER 18

DAY/MONTH/YEAR

**Additional Notes:**

- a) Resumes should accompany this application upon submission. Any other additional information is welcome.
- b) **Only completed applications** should be addressed to the attention of the **LIFEGUARD SUPERINTENDENT** and submitted by either of the following methods:
  - **BY HAND/COURIER:** Department of Parks, Ground Floor, Global House, 43 Church Street, Hamilton HM12, BERMUDA
  - **BY E-MAIL:** NJTROTT@GOV.BM
- c) Which **Initial Swim Assessments** (ISA) can we expect to see you participate in?  7th February  21st March  3rd May  27th June



# SUPPLEMENTARY FORM A: UNIFORM SIZING DETAILS

All sections to be completed by **APPLICANT ONLY**

## 1) PERSONAL DETAILS

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:   
DAY / MONTH / YEAR

## 2) TEE-SHIRT – UNISEX

Lifeguard staff tee; cotton or polyester unisex

<input type="checkbox"/>	SM	<input type="checkbox"/>	MED	<input type="checkbox"/>	LG	<input type="checkbox"/>	XL
--------------------------	----	--------------------------	-----	--------------------------	----	--------------------------	----

PLEASE SELECT (v) ONE SIZE ONLY

## 3) SWEATSHIRT/JACKET – UNISEX

Lifeguard staff sweatshirt or jacket; polyester/cotton/nylon blends

<input type="checkbox"/>	SM	<input type="checkbox"/>	MED	<input type="checkbox"/>	LG	<input type="checkbox"/>	XL
--------------------------	----	--------------------------	-----	--------------------------	----	--------------------------	----

PLEASE SELECT (v) ONE SIZE ONLY

## 4) SWIMSUIT – WOMEN’S

Lifeguard **TYR** full (1) piece or two (2) piece; durafast lite/polyester/spandex/lycra/nylon

<input type="checkbox"/>	30 (XS)	<input type="checkbox"/>	32 (S)	<input type="checkbox"/>	34 (M)	<input type="checkbox"/>	36 (L)	<input type="checkbox"/>	38 (XL)
	0/2		4/6		8		10/12		14/16

PLEASE SELECT (v) ONE SIZE ONLY

## 5) SHORTS – WOMEN’S (Cover) BOARD SHORT

Lifeguard board short; nylon with Teflon finish; elastic waistband with drawstring for adjustable fit (3" inseam)

<input type="checkbox"/>	SM (28-30in)	<input type="checkbox"/>	MED (31-32in)	<input type="checkbox"/>	LG (33-34in)	<input type="checkbox"/>	XL (35-36in)
--------------------------	--------------	--------------------------	---------------	--------------------------	--------------	--------------------------	--------------

PLEASE SELECT (v) ONE SIZE ONLY

## 6) SHORTS – MEN’S PRO SHORT

Lifeguard pro short; nylon with Teflon finish; elastic waistband with drawstring (5.5" inseam)

<input type="checkbox"/>	SM (28-30in)	<input type="checkbox"/>	MED (31-32in)	<input type="checkbox"/>	LG (33-34in)	<input type="checkbox"/>	XL (35-36in)
--------------------------	--------------	--------------------------	---------------	--------------------------	--------------	--------------------------	--------------

PLEASE SELECT (v) ONE SIZE ONLY

## 7) SHORTS – MEN’S BOARD SHORT

Lifeguard board short; nylon with Teflon finish; elastic waistband with drawstring for adjustable fit (8 ½" inseam)

<input type="checkbox"/>	SM (28-30in)	<input type="checkbox"/>	MED (31-32in)	<input type="checkbox"/>	LG (33-34in)	<input type="checkbox"/>	XL (35-36in)
--------------------------	--------------	--------------------------	---------------	--------------------------	--------------	--------------------------	--------------

PLEASE SELECT (v) ONE SIZE ONLY

## 8) SWIM FINS– UNISEX

Rubber power fin for Lifeguard daily use. Sizes in brackets (number sizes) depict regular men’s shoe size. Please note that **women should select one “number” size down** from the below options.

<input type="checkbox"/>	XS (3-4)	<input type="checkbox"/>	SM (5-6)	<input type="checkbox"/>	MED (7-8)	<input type="checkbox"/>	MED/LG (9-10)
		<input type="checkbox"/>	LG (11-12)	<input type="checkbox"/>	XL (13-14)		

PLEASE SELECT (v) ONE SIZE ONLY

## 9) CAP – UNISEX

Lifeguard FlexFit cap

<input type="checkbox"/>	S/M (6 ¾ – 7 ¼)	<input type="checkbox"/>	L/XL (7 ⅛ – 7 ⅝)
--------------------------	-----------------	--------------------------	------------------

PLEASE SELECT (v) ONE SIZE ONLY

## 10) WIDE-BRIM HAT – UNISEX

Lifeguard wide brim hat

<input type="checkbox"/>	S/M (7 – 7 ¾)	<input type="checkbox"/>	L/XL (7 ¾ – 7 ¾)
--------------------------	---------------	--------------------------	------------------

PLEASE SELECT (v) ONE SIZE ONLY

### Additional Notes:

- a) Lifeguards once offered employment will have the opportunity to try on kit for final sizing.
- b) We have found that some female employees that prefer wearing a two-piece swim suit as part of their duty uniform have had to mix and match sizes (tops & bottoms) in order to find an appropriate fit. Please list your full (1) piece size on 4) if you feel that you may fall in this category. Again; Lifeguards will have the opportunity to try on kit.
- c) Any questions regarding sizing above can be e-mailed directly to the Lifeguard Superintendent at [NJTROTT@GOV.BM](mailto:NJTROTT@GOV.BM)



## SUPPLEMENTARY FORM B: CONSENT STATEMENT FROM PARENT/LEGAL GUARDIAN FOR YOUNG PERSONS (under 18 years of age)

All sections to be completed by **PARENT/LEGAL GUARDIAN ONLY**

While other professions are also regularly exposed to serious incidents, Lifeguarding could be considered unique in that it is a profession that has traditionally regularly employed “teenagers” and requires them to make split second decisions that can ultimately have life and death consequences.

The Department of Parks’ Lifeguard Service maintains that the safety of our employees is one of our top priorities. We firmly believe that the protection of **young persons** (under 18 years of age) is part of that priority and it is our business to ensure that parents/legal guardians are aware of their child’s intent with us- the potential employer.

We employ qualified Lifeguards as young as 16 years and require the written permission of a parent or legal guardian of a young person (under the age of 18) to allow them to participate in our training course and become gainfully employed seasonally (6 months or less) if selected/offered employment.

Please note that Lifeguards under the age of 18 if hired by the Department of Parks; will be offered **Reserve** status only. This means that they are not guaranteed a 40 hour work week. Those positions known as “full-time seasonal” positions which guarantee a 40 hour work week will be retained for those 18 years of age and older. In addition to ensuring better practices with employment standards for those under the age of 18; this policy assists our younger employees with being introduced to responsibilities and accountabilities that ultimately involve life and death consequences. It also means that we can indirectly provide a more accommodating and nurturing introduction to Lifeguarding life while still preserving the significance and sense of belonging with the profession.

*\*Part of safeguarding those under the age of 18 is also ensuring that we encourage **you** the parent to have open dialogue with your child regarding the job to assure that we ultimately provide your son or daughter with a meaningful and rewarding experience working as a Lifeguard here in Bermuda. We urge you to talk with them daily regarding their day at work. Please contact the Lifeguard Superintendent if you have any questions or concerns.*

### PARENT/LEGAL GUARDIAN CONTACT INFORMATION - Required only if different than listed on Section 9 of the Application under Emergency Contact Information:

Name: \_\_\_\_\_  
FIRST MIDDLE (OPTIONAL) LAST

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

Relationship: \_\_\_\_\_ Telephone No: 1) \_\_\_\_\_ 2) \_\_\_\_\_

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

**NOTICE TO PARENT/LEGAL GUARDIAN** – By signing below; I CERTIFY that I am aware of my child’s intent to participate in the Department of Parks’ Lifeguard Service training course. I have read through the Lifeguard Service General Recruitment Instructions and to the best of my knowledge, believe that the content contained in my child’s application is a true and factual record including that he or she is fit to participate otherwise a medical practitioner would have been consulted. I understand the above and therefore certify that I give informed consent for my child to participate with our program and related activities inclusive of workplace immunization programs (if applicable) and pre-employment drug testing as it relates to the Lifeguard training course and seasonal employment as a Lifeguard with the Department of Parks if offered:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DAY/MONTH/YEAR

Parent/Legal Guardian (Print Name): \_\_\_\_\_

Candidate’s Name (Print Name): \_\_\_\_\_