



**Borough of Surf City**  
 813 Long Beach Boulevard, Surf City  
 New Jersey 08008 (609) 494-3064

# Lifeguard Pre-Employment Application

Last Name		First Name		MI	Date of Birth
Summer Address Street		City		State	Zip
Permanent Address Street		City		State	Zip
Summer Phone Number		Cell Phone Number	Permanent Phone Number		e-mail address
First Date Available to Work		Last Date Available to Work		Dates You Cannot Work (if any)	Applying for Full or Part-Time Position?
High School				Graduated? <input type="checkbox"/> Y <input type="checkbox"/> N	Graduation Year
High School Address		City		State	Zip
College				Graduated? <input type="checkbox"/> Y <input type="checkbox"/> N	Graduation Year
Please list any relevant certifications and their expiration dates here					
What is your swimming background?					
Describe previous lifeguarding experience here (patrol and dates worked)					
Name of Emergency Contact #1			Name of Emergency Contact #2		
Relationship			Relationship		
Phone Numbers (day/night)			Phone Numbers (day/night)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
1. Do you currently have or have you had medical problems that could interfere with your duties as lifeguard?					<input type="checkbox"/> Y <input type="checkbox"/> N
2. Have you ever been convicted of a crime?			3. Have you ever been discharged from a position?		
<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
If you answered "yes" to questions 1, 2, or 3 please provide an explanation on the back of this application. In addition if you have a history of any learning disabilities please notify a beach patrol supervisor so accommodations can be made.					
Professional/Character Reference 1		Relationship		Phone Number	
Professional/Character Reference 2		Relationship		Phone Number	
Professional/Character Reference 3		Relationship		Phone Number	
Previous Work Experience - Please list job title and dates worked (use back of this application if necessary)					
Have you ever worked or attended school under another name?			Have you ever worked for this Borough before? If yes provide description.		
<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
I state that the above information is true and correct to the best of my knowledge.					
Signature of Applicant				Date	
Signature of Parent/Legal Guardian (minors only)				Date	