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Harry M. Harsin
Chief Lifeguard

2020 APPLICATION FOR LIFEGUARD EMPLOYMENT & PREREQUISITE TEST

NAME: _____ DATE OF BIRTH: ___/___/___ AGE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER (CELLULAR # PREFERRED): _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ HEIGHT: _____ WEIGHT: _____

CURRENT OCCUPATION: _____

LIFEGUARD EXPERIENCE / CERTIFICATION(S) (List places worked & dates, list any other qualifications and related experiences, skills, or credentials you have that are of special benefit to the job of lifeguard, i.e. CPR, AED, First-Aid, WSI, etc.):

1) _____

2) _____

EMPLOYMENT HISTORY (Other than lifeguard experience):

1) _____

2) _____

EDUCATION (High School, College, Trade/Specialty Schools w/ Graduation Dates):

1) _____

2) _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

Note: **Before you can take the lifeguard test(s) and start work:** (1) You must produce a medical doctor's clearance certifying that you are in excellent health and that you are capable of performing the strenuous physical activities that will be required of you in taking the test(s) and in performing subsequent daily lifeguarding duties. (2) You must produce identification revealing proof of age that you are eligible for appointment (driver's license, passport, Social Security card, etc.)

DATE YOU CAN START WORK: _____ \ _____ \ _____

DATE YOU MUST DEPART WORK TO RETURN TO SCHOOL: _____ \ _____ \ _____

DAYS YOU'RE AVAILABLE TO WORK (Circle all that apply):

Monday Tuesday Thursday Friday Saturday Sunday

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE (if applicant is under 18): _____