



BOROUGH OF BELMAR, NEW JERSEY
OFFICE OF CHIEF OF POLICE
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APPLICATION FOR LIFEGUARD EMPLOYMENT & PREREQUISITE TEST

NAME: _____ DOB: _____ AGE: _____ HT: _____ WT: _____

CURRENT OCCUPATION: _____ SS# _____

SUMMER ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

LIFEGUARD EXPERIENCE/ CERTIFICATION (List places worked & dates, list any other qualifications and related experience, skills, or credentials you have that are of a special benefit to the job of a lifeguard, i.e. CPR, first aid, etc..)

1. _____
2. _____

EMPLOYMENT HISTORY (Other than lifeguard experience above):

1. _____
2. _____

EDUCATION HISTORY (Give school names & list interests and activities):

1. _____
2. _____

NOTE: Before you can take the lifeguard test (s) and start work: (1) You must produce a medical doctors statement certifying that you are in excellent health and that you are capable of performing the strenuous physical activity that will be required of you in taking the test (s) and in performing the duties as a lifeguard. (2) You must produce proof of age and ID that you are eligible for employment (driver's license, social security card, etc.)

DATE YOU ARE ELIGIBLE TO START WORK: _____ DATE YOU WILL LEAVE WORK: _____

CIRCLE NUMBER OF DAYS YOU PREFER TO WORK:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

 APPLICANT SIGNATURE

 DATE

(BOTH APPLICANT & PARENT/GUARDIAN MUST SIGN IF APPLICANT IS UNDER 18)