



Borough of Longport

Beach Patrol Lifeguard Application for Employment

Name: _____ Age _____ D.O.B. ___/___/___

Email: _____

Parent Email: _____

Cell number: _____

Parent Phone: _____

Address: _____

Summer Address: _____

Previous Employment

<u>Employer</u>	<u>Job Description</u>	<u>Dates</u>

School: _____ Grade: _____

Qualifications for this Position: _____

(Please see page 2)

References(Please list 3)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>

Signature of Applicant: _____ Date _____

Signature of Parent: _____ Date: _____
(If applicant is a minor)

Physician's Statement:

I find that the above applicant is in proper physical condition to fulfill his/her duties for the position of LIFEGUARD.

Signature of Physician: _____

Print Physician Name: _____

PLEASE NOTE:

****Applicants under 18 will be required to submit working papers.**

****Submitting an application with false information will result in the application being rejected by the Borough of Longport**