



Borough of Longport

APPLICATION FOR EMPLOYMENT

CHECK WHICH POSITION YOU ARE INTERESTED IN		BEACH TAG INSPECTOR	TENNIS COURT ATTENDANT	LIFEGUARD
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LOCAL ADDRESS

NAME _____ AGE _____

ADDRESS _____ DATE OF BIRTH ___/___/___

PHONE NUMBER _____ CELL # _____

SUMMER ADDRESS

ADDRESS _____ PHONE # _____

_____ CELL # _____

PREVIOUS EMPLOYMENT

EMPLOYER		DATES	
EMPLOYER		DATES	
EMPLOYER		DATES	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes no (CIRCLE ONE)

SCHOOL: _____ GRADE/DATE OF GRADUATION: _____

QUALIFICATIONS FOR THIS POSITION _____

LIST THREE REFERENCES

NAME	ADDRESS	YEARS ACQUAINTED

APPLICANT WOULD BE REQUIRED TO GET A PHYSICAL FROM HIS/HER PHYSICIAN PRIOR TO EMPLOYMENT (LIFEGUARD APPLICANTS ONLY)

(SIGNATURES NEEDED ON BACK OF APPLICATION)

SIGNATURES

SIGNATURE OF APPLICANT _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN (IF APPLICANT IS A MINOR)

PARENT/GUARDIAN _____ **DATE:** _____

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PHYSICIAN'S STATEMENT (for LIFEGUARD applicants only)

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

Signature of Physician: _____ **Date:** _____

PRINT PHYSICIAN NAME: _____

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