STONE HARBOR BEACH PATROL

APPLICATION FOR EMPLOYMENT

DATE: TIME:	SUNDAY, MAY 26, 2019 10:00 A.M.		
LOCATION:	STONE HARBOR BEACH P 95TH STREET & THE BEAC		
ATTIRE:	RUNNING SHOES, RUNNING SHORTS, SWIMSUIT, TOWEL, SWEATS, GOGGLES (OPTIONAL); NO WETSUITS.		
FYI:		T TO CHANGE THE DATE OF THE TRYOUTS IF THE DITIONS ARE NOT APPROPRIATE.	
	*GUARD TEST WILL CONS RUN AND INTERVIEW	IST OF ½ MILE OCEAN SWIM, 7 MINUTE MILE BEACH	
REQUIREMENTS:	YOU MUST HAVE THE FOL	LOWING COMPLETED AND TURNED IN BY TRYOUTS:	
1.	PHYSICIANS CERTIFICATION	ON	
2.	PROOF OF AGE (DRIVER'S LICENSE, BIRTH CERTIFICATE, PICTURE I.D.)		
3.	COMPLETED APPLICATION	N.	
4.	LIABILITY RELEASE FORM	Л	
*** UPON HIRE APPL	ICABLE TRAINING AND CERTIFICA	TIONS WILL BE PROVIDED BY THE BOROUGH***	
FILL OUT COMPLETELY AN 9508 SECOND AVENUE, ST		HARBOR, ATTN: SANDY BOSACCO, CAPTAIN SHBP,	
NAME:	.ST FIRST	MIDDLE	
ADDRESS:	SI ITRSI	MIDDLE	
	VTER	SUMMER	
PHONE: WII	NTER	SUMMER	
DATE OF BIRTH:	Age Email		
MUST BE 16 YRS. OF AGE			
EDUCATION:			
SPORTS PARTICIPATED IN:	HIGH SCHOOL —		
	COLLEGE —		
HAVE YOU EVER BEEN EMPLOY	YED WITH US BEFORE? (IF YES, WHE	N)	
ON WHAT DATE WOULD YOU B	E AVAILABLE TO START WORK?		
ON WHAT DATE CAN YOU STAF	RT WORK FULL TIME?		

ARE YOU ABLE TO WORK TO LABOR DAY THIS SEASON?

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

		SIGNATURE OF APPLICANT
		DATE
For	R PERSONNEL DEPARTMEN	T USE ONLY
ARRANGE INTERVIEW () YES	() No	
REMARKS —		
EMPLOYED () YES JOB TITLE	() No	
DATE OF EMPLOYMENT		AATE
Name and Title	DATE	

BOROUGH OF STONE HARBOR STONE HARBOR, NEW JERSEY

LIFEGUARD TRIALS LIABILITY RELEASE FORM

I,	, have agreed to participate
in the Stone Harbor Lifegua:	rd Trials on I
have verified my age by show	ing proper identification indicating that
I am at least sixteen (16) ye	ears of age. I hereby release the Borough
of Stone Harbor, its agents,	servants and employees from all liability
and damages arising out of a	ny injury or loss sustained by me during
this tryout. I verify that I	do not know of any pre-existing physical
or mental conditions that I m	night have, which may affect my ability to
participate in this tryout.	
Signature of applicant	Date of Birth
Parent or Guardian Signature	Today's Date
(if applicant under 18 yrs.)	
Address	Type of Identification
Address	Type of identification
City, State, Zip	Identification Number
city, State, Zip	Identification Number
Witness Title	