

STONE HARBOR BEACH PATROL
APPLICATION FOR EMPLOYMENT

NEW GUARD TEST

DATE: SUNDAY, MAY 26, 2024
TIME: 10:00 A.M.
LOCATION: STONE HARBOR BEACH PATROL HEADQUARTERS
95TH STREET & THE BEACH

ATTIRE: RUNNING SHOES, RUNNING SHORTS, SWIMSUIT, TOWEL, SWEATS,
GOGGLES (OPTIONAL); NO WETSUITS.

FYI: CAPTAIN HAS THE RIGHT TO CHANGE THE DATE OF THE TRYOUTS IF THE WEATHER OR
WATER CONDITIONS ARE NOT APPROPRIATE.

*GUARD TEST WILL CONSIST OF ½ MILE OCEAN SWIM, 7 MINUTE MILE BEACH
RUN AND INTERVIEW

REQUIREMENTS:

YOU MUST HAVE THE FOLLOWING COMPLETED AND TURNED IN BY TRYOUTS:

1. A LETTER FROM A LICENSED PHYSICIAN STATING "MEDICALLY CLEARED FOR
DUTY AS AN OCEAN LIFEGUARD."
2. PROOF OF AGE - MUST BE 16 YRS OF AGE (DRIVER'S LICENSE, BIRTH CERTIFICATE,
PICTURE I.D.)
3. COMPLETED APPLICATION (4 PAGES)

***** UPON HIRE APPLICABLE TRAINING AND CERTIFICATIONS WILL BE PROVIDED BY THE BOROUGH*****

FILL OUT COMPLETELY AND MAIL TO BOROUGH OF STONE HARBOR, ATTN: SANDY BOSACCO, CAPTAIN SHBP,
9508 SECOND AVENUE, STONE HARBOR, NJ 08247 OR EMAIL TO BOSACCOS@SHNJ.ORG

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
WINTER SUMMER

PHONE: _____
WINTER SUMMER

DATE OF BIRTH: _____ AGE _____ EMAIL _____

EDUCATION: _____

SPORTS PARTICIPATED IN: HIGH SCHOOL _____

COLLEGE _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

ON WHAT DATE CAN YOU START WORK FULL TIME? _____

WHAT IS YOUR LAST DAY OF FULL TIME WORK? _____

ARE YOU ABLE TO WORK TO LABOR DAY THIS SEASON? _____

PLEASE LIST ANY UPCOMING PLANNED ABSENCES EXCEEDING ONE DAY FROM MEMORIAL DAY WEEKEND
THROUGH LABOR DAY WEEKEND WHEN YOU WILL BE UNAVAILABLE FOR WORK, EXCLUDING YOUR REGULARLY
SCHEDULED DAYS OFF.

SHBP APPLICATION

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 PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW () YES () NO

REMARKS _____

EMPLOYED () YES () NO

JOB TITLE _____

DATE OF EMPLOYMENT _____ DAILY RATE _____

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 Lifeguard Trials on _____. I have verified my age by showing proper identification indicating that I am at least sixteen (16) years of age. I hereby release the Borough of Stone Harbor, its agents, servants and employees from all liability and damages arising out of any 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 might have, which may affect my ability to participate in this tryout.

Signature of applicant

Date of Birth

Parent or Guardian Signature
(if applicant under 18 yrs.)

Today's Date

Address

Type of Identification

City, State, Zip

Identification Number

Witness Title

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, Zip _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, Zip _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State Zip _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Employee Signature _____ Date _____