



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 \_\_\_\_\_