



**CHIEF
STEVE STOCKS
CAPTAIN
ED SCHNEIDER**

APPLICATION FOR EMPLOYMENT

TEST DATE:

<i>LAST NAME</i>		<i>FIRST NAME</i>		<i>MIDDLE</i>
<i>STREET ADDRESS</i>				
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>EMAIL</i>	
<i>HOME PHONE</i>		<i>CELL PHONE</i>		<i>SOC. SEC. #</i>
<i>D.O.B.</i>		<i>HEIGHT</i>	<i>WEIGHT</i>	
<i>HAVE YOU EVER WORKED AS A LIFEGUARD?</i> YES NO		<i>IF YES, LIST EMPLOYER AND DATES OF EMPLOYMENT</i>		

EMPLOYMENT HISTORY	<i>EMPLOYER</i>	<i>YEAR</i>	
	<i>EMPLOYER</i>	<i>YEAR</i>	
EDUCATION	<i>HIGH SCHOOL</i>	<i>GRADUATED YES NO</i>	<i>YEAR</i>
	<i>ACTIVITIES/SPORTS</i>		
	<i>COLLEGE</i>	<i>GRADUATED YES NO</i>	<i>YEAR</i>
	<i>ACTIVITIES/SPORTS</i>		
U.S. MILITARY VETERAN YES NO	<i>BRANCH</i>	<i>DISCHARGE</i>	
HAVE YOU EVER BEEN ARRESTED? YES NO		<i>IF YES EXPLAIN</i>	

REFERENCES	1 FULL NAME,	<i>RELATIONSHIP</i>	<i>TELEPHONE</i>
	2 FULL NAME,	<i>RELATIONSHIP</i>	<i>TELEPHONE</i>
	3 FULL NAME,	<i>RELATIONSHIP</i>	<i>TELEPHONE</i>

If hired, the applicant must have a medical examination completed by a licensed physician at the applicant's expense. The applicant must be evaluated and approved by the physician to be "physically fit to participate in ocean lifeguarding." Written proof of the medical examination must be submitted before the applicant can begin employment. The medical examination form will be provided.

Your Signature to this application will be considered as your certification that the foregoing answers and statements are true.	<i>APPLICANTS SIGNATURE</i> <i>DATE</i> <i>INITIAL IF EMAILED</i>
If the applicant is under age 18, the signature of parent/legal guardian is required in the space provided.	<i>PARENT'S SIGNATURE</i> <i>DATE</i> <i>INITIAL IF EMAILED</i>

Email Application to wildwoodbeachpatrol@aol.com or "BRING THIS FORM TO THE TEST"
Once you application is submitted, test information will be emailed to you.