

VILLAGE OF ATLANTIC BEACH

65 THE PLAZA - PO BOX 189

ATLANTIC BEACH NY 11509

516-371-4600

e-mail: office@villageofatlanticbeach.com

POSITION APPLYING FOR (CHECK ONE):

PRINT CLEARLY

() LIFEGUARD

() CHAIRPERSON

() BEACH SECURITY

() PUBLIC WORKS

NAME: _____

AGE: _____

ADDRESS: _____

BIRTH DATE: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE # _____

E-MAIL: _____

EMERGENCY CONTACT – NAME & PHONE # _____

EDUCATION:

YEAR GRADUATED:

CURRENT GRADE:

HIGH SCHOOL: _____

COLLEGE: _____

PREVIOUS EMPLOYMENT:

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

NAME OF IMMEDIATE SUPERVISOR: _____

TELEPHONE NUMBER: _____ DATES: FROM: _____ TO _____

LIFEGUARD POSITION ONLY:

DO YOU POSSESS GRADE III CERTIFICATION: YES _____ NO _____

DO YOU POSSESS A CURRENT CPR CARD: YES _____ NO _____

AVAILABLE FOR WORK AS OF: _____

IF YOU NEED TO RETURN TO SCHOOL EARLY, WHEN IS YOUR LAST DAY: _____

➤ **SIGNATURE:** _____

DATE: _____

NOTE: CURRENT WORKING PAPERS MUST BE SUBMITTED WITH THIS APPLICATION IF UNDER AGE 18