

VILLAGE OF ATLANTIC BEACH  
65 THE PLAZA - PO BOX 189  
ATLANTIC BEACH NY 11509  
516-371-4600 e-mail: plaza65@aol.com

POSITION APPLYING FOR (CHECK ONE):

PRINT CLEARLY

( ) LIFEGUARD    ( ) CHAIRPERSON    ( ) BEACH SECURITY    ( ) PUBLIC WORKS

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

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EDUCATION: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_  
HIGH SCHOOL: \_\_\_\_\_  
COLLEGE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

PLACE OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ DATES: FROM: \_\_\_\_\_ TO \_\_\_\_\_

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 \_\_\_\_\_

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AVAILABLE FOR WORK AS OF: \_\_\_\_\_  
IF YOU NEED TO RETURN TO SCHOOL EARLY, WHEN IS YOUR LAST DAY: \_\_\_\_\_

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➤ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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