

# Village of Atlantic Beach

65 THE PLAZA  
P.O. BOX 189  
ATLANTIC BEACH, N.Y. 11509  
(516) 371-4600 FAX (516) 371-4631

email: office@atlanticbeachny.gov

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: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

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 \_\_\_\_\_

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