

LAVALLETTE BEACH PATROL

Lifeguard Information Form

Last Name _____ First Name _____ MI _____ Gender [] M [] F Date of Birth _____

Summer Street Address _____ City _____ State _____ ZIP _____ Age _____

Permanent Street Address _____ City _____ State _____ ZIP _____

Summer Phone Number	Permanent Phone Number	Social Security Number
College Phone Number	Cell Phone Number	E-Mail Address
First Date Available for Work	Last Date Available for Work	Other Dates Unavailable (if any)
High School	Graduated? [] Y [] N	Graduation Year
College	Graduation Date:	

Height - _____ Weight - _____ Vision _____

CPR Certification? _____ First Aid Certification?? _____ Lifeguard Certification? _____
O Y O N Expires: _____ O Y O N Expires: _____ O Y O N Expires: _____

Ocean Experience? _____ Date(s) Worked _____ Patrol: _____ SCUBA CERTIFICATION? _____
Position: _____ O Y O N Type _____

***Other certifications and previous lifeguarding experience. List dates and locations. Continue on back if necessary.

Name of Emergency Contact #1	Name of Emergency Contact #2
Relationship	Relationship
Phone Numbers (day/evening)	Phone Numbers (day/evening)
Street Address	Street Address
City State ZIP	City State ZIP

1. Do you have a history of medical problems which would prohibit you from performing duties of the job for which you are applying? [] Y [] N

2. Have you ever been convicted of a crime? [] Y [] N 3. Have you ever been discharged from a position? [] Y [] N

If you answered "yes" to questions 1, 2, or 3, please explain on the back of the page. Also, if you have a history of learning disabilities, you should notify the beach patrol supervisor so accommodations can be made.

I state that the above information is true and correct to the best of my knowledge.

Signature of Guard _____ Date _____

Signature of Parent or Guardian (for minors only) _____ Date _____

Phone
(732) 793 -2566

Email