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: _____ **PHONE #** _____

STATE: _____ **ZIP CODE:** _____

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