



**SEA GIRT BEACH
DEPARTMENT**

**EMPLOYMENT
APPLICATION**

Name: _____ SS #: _____

Mailing Address: _____

Summer Address: _____

Permanent Phone: _____ Summer Phone: _____

Cell Phone: _____

Birth Date: _____ Email Address: _____

Previous Sea Girt Beach Employment: _____

Other Beach Related Experience: _____

Date Available for Work: _____ Date Available Until: _____

Can you work a six day week: _____ Y N If no, how many days: _____

What days will you be available for work: _____

Circle t-shirt size: S M L XL XXL

Do you hold a current CPR Card? Y N date of expiration: _____

Do you hold a current First Aid Card? Y N date of expiration: _____

Please note that prior to first day of employment; all prospective employees must complete online training video and certify their understanding of the same. Failure to comply will revoke offer of employment.

Signature: _____ Date: _____

Please send all applications to:
Borough of Sea Girt
Jim Freda, Beach Manager
PO Box 296
Sea Girt NJ 08750

You may also choose to save this.doc file from the website, fill in, and email back as an attachment to:
jimfreda@optonline.net