

PERSONAL INFORMATION:

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
PRESENT ADDRESS \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ VETERANS/DATES OF SERVICE \_\_\_\_\_  
EXEMPT VOLUNTEER FIREMAN \_\_\_\_\_ CITIZEN OF U.S.A. \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

EMPLOYMENT DESIRED:

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_  
DO YOU POSSESS A VALID DRIVER'S LICENSE \_\_\_\_\_ CHAUFFER'S LICENSE \_\_\_\_\_  
DO YOU HAVE ANY MENTAL OR PHYSICAL DISABILITY WHICH WOULD INTERFERE WITH THE JOB  
YOU ARE APPLYING FOR? \_\_\_\_\_

EDUCATION:

	<u>NAME OF SCHOOL</u>	<u>YRS. ATTENDED</u>	<u>DATE GRADUATED</u>
GRAMMER SCHOOL	_____	_____	_____
HIGH SCHOOL	_____	_____	_____
OTHER	_____	_____	_____

FORMER EMPLOYERS: (List three, last one first)

<u>NAME OF BUSINESS</u>	<u>YRS EMPLOYED</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERNECES: (NOT RELATED)

<u>NAME</u>	<u>ADDRESS</u>	<u>YEARS ACQUAINTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANTS FOR BEACH POSITION ANSWER THE FOLLOWING QUESTIONS:

PREVIOUSLY EMPLOYED BY THE I.P. BEACH \_\_\_ YES \_\_\_ NO -DATES \_\_\_\_\_ POSITION \_\_\_\_\_  
CURRENT N.C. LIFEGUARD CERTIFICATION? \_\_\_ YES \_\_\_ NO -GRADE \_\_\_\_\_ EXPIRES \_\_\_\_\_  
CURRENT WATER SAFETY INSTRUCTOR CERTIFICATION? \_\_\_ YES \_\_\_ NO (PLEASE NOTE THAT THE  
NASSAU COUNTY HEALTH DEPARTMENT REQUIRES OUR LIFEGUARDS TO HAVE A GRADE II  
CERTIFICATION AND C.P.R. CERTIFICATION.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ YES \_\_\_ NO (IF YES, GIVE DETAILS) \_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATIONS.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_