



321 BALTIMORE BOULEVARD  
P.O. BOX 296, SEA GIRT, NJ 08750  
TEL: 732-449-9433 FAX 732-974-8296  
www.seagirt-nj.gov

**EMPLOYMENT APPLICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title of Position Applying for: \_\_\_\_\_

Are you legally eligible to work in the United States (Proof of US citizenship or work authorization status will be required upon employment.) ? YES \_\_\_\_\_ NO \_\_\_\_\_

If applying for gateguard position are you at least 16 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_

If applying for beach crew position are you at least 14 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_

Previous Sea Girt Beach Employment: \_\_\_\_\_

Other Beach Related Experience: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Date Available Until: \_\_\_\_\_

Can you work a six-day week? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, how many days can you work? \_\_\_\_\_

What days will you be available to work?

Select t-shirt size:    S                    M                    L                    XL                    XXL

Do you hold a current CPR card? YES \_\_\_\_\_ NO \_\_\_\_\_      Date of expiration: \_\_\_\_\_

Do you hold a current First Aid Card? YES \_\_\_\_\_ NO \_\_\_\_\_      Date of expiration: \_\_\_\_\_

*By signing below, I certify that all of the above information is true and correct to the best of my knowledge.*

SIGNATURE OF APPLICANT: \_\_\_\_\_      DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_