LONG BEACH TOWNSHIP BEACH PATROL

6805 Long Beach Boulevard, Brant Beach, NJ 08008

"Protecting 12 Miles of Ocean Beach on Long Beach Island"

2023 APPLICATION PACKET

Dear Applicant:

Deadline for all required documents is **April 1, 2023** for Officers **and** lifeguard applicants.
Applications can be emailed to taylor@lbtbp.com , mailed to town hall, or dropped off at beach patrol headquarters.
Paper applications will be available at headquarters.

All of the following documents are to be submitted with your application **(NO EXCEPTIONS):**

1. Understandings and Agreements Waiver
2. Application for Employment Waiver
3. Application
4. Course Registration form w/ applicable fee
5. Voluntary Affirmative Action Information
6. Applicant Relative Disclosure Form
7. Long Beach Township Seasonal Handbook Receipt
8. Hepatitis B Vaccination Information (New Lifeguards Only)
9. New Jersey Working Papers (A-300) Form – completed by you and your school (ages 14-17)

The following document is to be submitted prior to your swim test **(NO EXCEPTIONS):**

1. Physician's Document (**School Sports physical is not acceptable**)

Upon receiving your completed application you will be given a phone interview before proceeding with the application process.

Everyone must have a current American Red Cross Emergency Medical Response (EMR) and CPR for the Professional Rescuer w/AED/AEO/PDT certification. Classes can be taken thru LBTBP.

Returning lifeguards applying for a captain/lieutenant/asst. lieutenant position, a written request must accompany your application. This letter should contain a summary of all relevant qualifications and **received no later than 4:00pm on April 1st.** Interviews will be conducted.

All applicants must pass EMR, CPR and 500m swim test and new applicants must also pass our Ocean Lifeguard Training Course (OLTC). Interviews will be conducted before you can be offered a position with Long Beach Township.

Upon your receiving a Conditional Offer of Employment, you will receive directions to complete the Primepoint Direct Deposit, W-4 and I-9 forms online at Primepoint.

You can contact the Beach Patrol office at (609) 361-1200, if you have any questions.

Sincerely,

Tracey A. Schmidt
Beach Patrol Coordinator

Josh Bligh
Beach Patrol Coordinator

Understandings and Agreements:

As an applicant for a position with Long Beach Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Long Beach Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Long Beach Township the right to investigate the information I have provided within this application or through any other means as it deems necessary in arriving at an employment decision, including but not limited to talking with former employers (except where I have indicated they may not be contacted). I understand that the position is seasonal and is expected to end by a date certain and that employment in a seasonal position does not assure me of continued employment, re-employment or subsequent employment by the Township. As a seasonal employee, I understand that I am not eligible to participate and the Township does not offer a pension or other retirement benefit program. I give Long Beach Township the right to secure additional job-related information about me. I release and shall hold harmless Long Beach Township and its employees, representatives, agents, officers and elected officials from all liability for seeking such information. I understand that Long Beach Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Long Beach Township will make reasonable accommodations as required by law. I understand that, if employed, I may resign at any time and that Long Beach Township may terminate me at any time in accordance with its established policies and procedures. No representatives of Long Beach Township may make any assurances to the contrary. I understand that any offer of employment may be subject to a job-related post-offer requirements including but not limited to medical, physical, drug, or psychological tests) and background checks. ***For your application to be considered, you must sign and date below.***

Signature of Applicant **(Electronic signature accepted)** **Date**

Signature of Parent or Guardian (for minors only) **Date**
(Electronic signature accepted)

Please sign to indicate your authorization for the Township of Long Beach to perform a record check of your driver's license upon an offer of employment by the Township.

Signature of Applicant **(Electronic signature accepted)** **Date**

Signature of Parent or Guardian (for minors only) **Date**
(Electronic signature accepted)

APPLICATION FOR EMPLOYMENT

LONG BEACH TOWNSHIP

IS AN EQUAL OPPORTUNITY EMPLOYER M/F

LONG BEACH TOWNSHIP CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, MARITAL STATUS, CIVIL UNION STATUS, DOMESTIC PARTNERSHIP STATUS, AFFECTIONAL OR SEXUAL ORIENTATION, GENETIC INFORMATION, SEX, PREGNANCY, GENDER IDENTITY OR EXPRESSION, DISABILITY (INCLUDING PERCEIVED DISABILITY, PHYSICAL, MENTAL, AND/OR INTELLECTUAL DISABILITIES, AIDS OR HIV INFECTION), POLITICAL AFFILIATION (TO THE EXTENT PROTECTED BY LAW), ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, OR BECAUSE OF THE LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, VETERAN STATUS, CITIZENSHIP STATUS, OR ANY OTHER CLASS PROTECTED BY LAW.

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. Long Beach Township makes reasonable accommodations during all aspects of the application process. The Township also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Township, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Township that he or she needs a reasonable accommodation. The Township may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the Township Business Administrator.

A resume is not a substitute for completing this form in its entirety.

Signature of Applicant (Electronic signature accepted)	**Date**
Signature of Parent or Guardian (for minors only) (Electronic signature accepted)	**Date**

LONG BEACH TOWNSHIP BEACH PATROL

6805 Long Beach Boulevard, Brant Beach, NJ 08008

"Protecting 12 Miles of Ocean Beach on Long Beach Island"

2023 Lifeguard Application (6/17/23 - 9/4/23)

Application is computer friendly

☐ Returning
☐ New

Last Name | **First Name** | **MI** | **Date of Birth**

Permanent Address

Summer Address

Permanent Phone # | **Cell Phone #** | **Summer Phone #**

E-Mail Address

First Date Available to Work | **Last Date Available to Work** | **Unavailable Dates to Work**

High School | **Graduated** ☐ Y ☐ N Year

College | **Graduated** ☐ Y ☐ N Year

ARC Emergency Medical Response? ☐ Y ☐ N **Expires**

SCUBA Certification? ☐ Y ☐ N **Expires**

LBTBP LIT Certification? **Level** **Year**

LBTBP Experience? Date(s) of Year(s) Worked | **Patrol**

Position

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

Emergency Contact #1 - Name / Relation

Address

Phone #

Emergency Contact #2 - Name / Relation

Address

Phone #

Have you ever been discharged from a position, asked to resign or resigned to avoid termination? ☐ Y ☐ N

If you answered Yes, please explain below:

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

Signature of Applicant (Electronic signature accepted) | **Date**

Signature of Parent or Guardian (for minors only) | **Date**
(Electronic signature accepted)

Incomplete applications will not be accepted. Must be completed in full.

Phone (609) 361-1200 | **www.lbtbp.com** | **Fax** (609) 361-1210

LONG BEACH TOWNSHIP BEACH PATROL

6805 Long Beach Boulevard, Brant Beach, NJ 08008

"Protecting 12 Miles of Ocean Beach on Long Beach Island"

Medical or Osteopathic Physician's Documentation of the Physical Health of an Individual Applying for Employment/Re-Employment as a Long Beach Township Beach Patrol Seasonal Open Water Lifeguard

I certify that I have examined/documented:

_____ _____ _____ _____

First Name Middle Initial Last Name Date of Birth

_____

Permanent Address

_____ _____ _____

City State Zip

and find their condition as indicated below:

In my opinion the above named individual (Check One)

__ **Does** possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water ocean lifeguard, with or without reasonable accomodation.

__ **Does not** possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water ocean lifeguard, with or without reasonable accomodation.

To perform the duties required of an open water ocean lifeguard, the above named individual must be able to do the following, with or without reasonable accomodation:

Running/sprinting on beach/sand
Ocean swimming
Paddling a rescue paddleboard in ocean/surf
Rowing a surfboat in ocean

Provide details regarding the requested accomodation and medical condition which requires it, if any.

_____

_____

_____

_____ _____ _____

Signature of Physician Date Phone #

_____

Address

_____ _____ _____

City State Zip

*This form must be stamped by the physician's office doing the exam using their office/business stamp and/or notarized.

LONG BEACH TOWNSHIP BEACH PATROL

6805 Long Beach Boulevard, Brant Beach, NJ 08008

"Protecting 12 Miles of Ocean Beach on Long Beach Island"

Application Deadlines

Application and all required documents must be received by May 1, 2023 and are required prior to taking swim test. Submittal of required documentation does not guarantee employment.

Swim Test Calendar

Both returning and new lifeguards - 500 meter pool swim (which is 22 lengths of the St. Francis Aquatic Center pool) or 500 meter bay swim in **10:00** minutes or less. Goggles and swim caps are permitted, no diving starts. **All** lifeguards are required to complete the Wilson "Bud" Peck 1000-meter ocean swim and half-mile paddleboard competition.

The following dates will be the **only times** the test will be held. You may attempt to pass the test on any two of these dates. You may only take the swim test a total of **two (2)** times. **If you do not pass the swim test, you will not be hired as a Long Beach Township ocean lifeguard**.

All lifeguard swim tests will be held by appointment.

Saturday, May 6	LIT applicants	5:00 – 5:30 pm
St. Francis	Lifeguard applicants	5:30 – 7:00 pm
Saturday, May 13	LIT applicants	5:00 – 5:30 pm
St. Francis	Lifeguard applicants	5:30 – 7:00 pm
Saturday, May 20	LIT applicants	5:00 – 5:30 pm
St. Francis	Lifeguard applicants	5:30 – 7:00 pm
Saturday, May 27	Lifeguard applicants	9:00 – 10:30 am
Bayview Park		
Saturday, May 27	LIT applicants	5:00 – 5:30 pm
St. Francis	Lifeguard applicants	5:30 – 7:00 pm
Sunday, May 28	Lifeguard applicants	9:00 – 10:30 am
Bayview Park		

Please be on time!

St. Francis Pool Pre-Test/Pre-Season Training

April 3rd – May 27th, Tuesdays and Thursdays (9:00 am – 11:00 am), Mondays and Wednesdays (4:00 pm – 6:00 pm), Saturdays and Sundays (3:00 pm - 5:00 pm). Lanes have been reserved for anyone (Lifeguard/LIT/BLIT) trying out for LBTBP. Enter at the main Aquatic Center door, sign in and respect all pool rules**. There are no scheduled swim tests for lifeguard applicants after May 27th at St. Francis!** LBTBP application must be received to be able to put on the list for pre-test/pre-season pool training.

Orientation Meeting/No Tolerance Seminar (In-person or via computer)

Job description and duties will be discussed as will other related subjects— work hours, salaries, LBTBP beach policies, patrol officers, etc. If attending in person, ***you must wear shoes & a shirt or you will be sent home.*** Please be on time.

ZOOM MEETING: Thursday, June 1, 2023 - 4pm - 6pm
Saturday, June 3, 2023 - 10am - 12pm

Attendance is mandatory! Lifeguards will not be permitted to work until they attend an Orientation Meeting.

Phone **(609) 361-1200** | **www.lbtbp.com** | **Fax** **(609) 361-1210**

2023 Health, Safety Course and Swim Test Registration Form

Class Location: Multipurpose Room, 2nd Floor
6805 Long Beach Boulevard, Brant Beach, NJ 08008

Class Limit: 25 Students (First Come Basis)

Cost: $ 45.00 for CPR/AED (if you need to take EMR - DO NOT SIGN UP FOR CPR)
$ 95.00 for EMR (Emergency Medical Response)
(CPR/AED included in this course at no additional cost)
Checks are to be made payable to **LBTBP ARC Cert. Acct.**
PAYMENT MUST ACCOMPANY REGISTRATION.

Contact: Tracey Schmidt at (609) 361-1200 if you have any questions.

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Previous patrol assignment: ☐ LL ☐ NB ☐ BB ☐ BHC ☐ SB ☐ H ☐ New Lifeguard ☐ Beach Badge Checker

Note: Emergency Medical Response must be re-certified every 2 years. CPR must be re-certified annually.

Click on the box that corresponds with the course(s) you wish to take.

CPR/AED/AEO with PDT**

- ☐ Full Course #1 - Sunday, March 5, 2023 9am - 5pm
- ☐ Full Course #2 - Saturday, April 1, 2023 9am - 5pm
- ☐ Full Course #3 - Friday, May 5, 2023 9am - 5pm
- ☐ Full Course #4 - Saturday, May 6, 2023 9am - 5pm
- ☐ Full Course #5 - Friday, May 12, 2023 9am - 5pm
- ☐ Full Course #6 - Saturday, May 13, 2023 9am - 5pm
- ☐ Full Course #7 - Monday, May 15, 2023 9am - 5pm
- ☐ Full Course #8 - Monday, May 22, 2023 9am - 5pm

OR

Emergency Medical Response (includes CPR)

- ☐ Sundays - March 5, 12, 19, 26, 2023 9am - 5pm
- ☐ Saturdays - April 1, 8, 15, 22, 2023 9am - 5pm
- ☐ Weekday #1 - May 15 - 18, 2023 Mon - Thurs - 9am - 5pm
- ☐ Weekday #2 - May 22 - 25, 2023 Mon - Thurs - 9am - 5pm
- ☐ Instructor - TBA 9am - 5pm (LIMIT 10 PARTICIPANTS)

OLTC (Ocean Lifeguard Training Course)

- ☐ OLTC #1 - June 5 - 9, 2023 Monday - Friday 9am - 5pm
- ☐ OLTC #2 - June 12 - 16, 2023 Monday - Friday 9am - 5pm
- ☐ OLTC #3 - June 19 - 23, 2023 Monday - Friday 9am - 5pm
- ☐ OLTC #4 - June 26 - 30, 2023 Monday - Friday 9am - 5pm

Applicants must pass the swim test and Emergency Medical Response to participate in OLTC.

**ARC CPR Instruction Book is available to download from our website on Employment link.

500M USLA Swim Test (10 minutes or less)

All tests by Appointment (choose one)

St. Francis Aquatic Center

- ☐ Saturday, May 6, 2023 - 5:30pm
- ☐ Saturday, May 13, 2023 - 5:30pm
- ☐ Saturday, May 20, 2023 - 5:30pm
- ☐ Saturday, May 27, 2023 - 5:30pm

Bayview Park

- ☐ Saturday, May 27, 2023 - 9am
- ☐ Sunday, May 28, 2023 - 9am

***ALL* APPLICATION DOCUMENTATION MUST BE SUBMITTED PRIOR TO TAKING SWIM TEST**
NO EXCEPTIONS

Important Information: Hepatitis B vaccination information
(New Lifeguards Only)

The New Jersey department of health in accord with PEOSHA blood borne pathogens standard regula-tions (29 CFR 1910.1030) requires Hepatitis B vaccinations (HBV) to be offered to public employees who may have contact with blood or potentially infectious materials because of their work. LBTBP will provide information on HBV vaccination addressing its safety, benefits, efficacy, methods of administra-tion, and availability. The three-vaccine HBV series will be made available at no cost to employees who have the potential for occupational exposure to blood or other potentially infectious materials unless written documentation is shown for one of the following:

- The employee has previously received the series;
- Antibody testing reveals that the employee is immune;
- Medical reasons prevent taking the vaccination; or
- The employee chooses not to participate.

All employees are strongly encouraged to receive the HBV series. However, if an employee chooses to decline HBV, then the employee must sign a statement to this effect. Documentation of refusal of the HBV will be kept at LBTBP headquarters with the employee's other records.

First year guards only: If you choose not to participate in the HBV program, the enclosed declination statement must be returned with your application.

To schedule Vaccination:

Vaccination appointments are available June 19th and June 20th, 2023. Contact the LBI Health Department directly at (609) 492-1212 to schedule an appointment. There you will make arrangements for your second shot, which will be administered in August; your third shot will be administered in July, 2024. Don't forget: if you began the series last summer you must make an appointment to receive your third shot!

All vaccinations are given at the LBI Health Department, Ship Bottom.

- -

Declination statement

Please check one:

☐ I have already received the complete series of shots. A copy of my records is attached.

☐ I understand that due to my occupational exposure to blood or other potential infectious materials I may be at the risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

First year guards: If you do not either sign the declination statement or receive the vaccinations, you will be unable to work as an ocean lifeguard for Long Beach Township.

Employee Name (print)	Employee Signature	Date

If under 18 years of age: Parent or guardian signature required for declination.

Parent / Guardian (print)	Parent / Guardian Signature	Date

APPLICANT RELATIVE DISCLOSURE FORM

Name of Applicant: _____

The Township of Long Beach prohibits the hiring of relatives if the employment of such an individual would result in the creation of a prohibited employment relationship. A prohibited relationship is created when:

1. One relative would have the authority to directly supervise, appoint, remove, discipline, evaluate or otherwise affect the work or employment of another relative.
2. The relative would be responsible for auditing the work of the other.
3. Other circumstances exist which would place the relatives in a situation of actual or reasonably foreseeable conflict between the Township's interest and their own.

Relative includes spouse, civil union partner, domestic partnership partner, parent, step-parent, child, step-child, sibling, step sibling, half-sibling, father-in-law, mother-in-law, sister-in-law, brother-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, and cousins.

Do any of your relatives currently work for the Township or are any of your relatives an elected or appointed Township official? ☐ Yes ☐ No

If you answered "yes" to the previous question, please disclose the name(s) of your relative(s) who work(s) for the Township, his or her title, and his or her relationship to you.

Relative #1
Name: _____
Title: _____
Relationship: _____

Relative #2
Name: _____
Title: _____
Relationship: _____

Note: An applicant's failure to fully disclose his or her relationship to a Township employee or elected or appointed official may result in rejection of the employment application or, if employed, the termination of employment.

I acknowledge that I have read and understand the above Disclosure Form and that I have disclosed all relatives who work for the Township or serve as elected or appointed officials.

_____ _____
Signature of Applicant (Electronic signature accepted) **Date**

_____ _____
Signature of Parent or Guardian (for minors only) **Date**
(Electronic signature accepted)

Seasonal Handbook Information

By signing this electronic receipt, I acknowledge receipt of the Township's Seasonal Handbook via electronic access. I will review all policies including the Acknowledgment of Receipt Form, the terms of which are incorporated within this notice. For alternate access contact Human Resources office at (609) 342-2148.

Signature of Applicant **(Electronic signature accepted)**

Date

Signature of Parent or Guardian (for minors only)
(Electronic signature accepted)

Date

Voluntary Affirmative Action Information

You are <u>not</u> required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of applicant tracking and recruitment efforts.

Applicant Information:

Name: _____

Address: _____

City/town: _____

Phone: _____

Position Applied For: _____

How did you learn about this position?

☐ Advertisement ☐ Employment ☐ Agency ☐ Friend ☐ Relative

☐ Walk-in ☐ Other (Explain) _____

Information Regarding Status:

Gender:

☐ Male ☐ Do not wish to disclose

☐ Female ☐ Non-binary

Equal Employment Opportunity identification groups:

☐ White

☐ African-American (non-Hispanic)

☐ Hispanic

☐ American Indian/Alaskan native

☐ Asian/Pacific Islander

☐ Other _____

Other protected Groups:

☐ Individual with a disability

☐ Vietnam-era veteran (served between 1964 and 1975)

☐ Disabled veteran

For Long Beach Township use only

Hired: ___Yes ___ No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers	4. Sales workers	7. Operators(semi-skilled)
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled)	9. Service workers

Long Beach Township Official _____ Date _____

This page for Long Beach Township use only!
Results of interview

Interviewer: _____

Date: _____ Time: _____

TOWNSHIP OF LONG BEACH
AUTHORIZATION FOR RELEASE OF INFORMATION

<u>NOTICE:</u> THIS RELEASE AND ANY REQUEST FOR INFORMATION DOES NOT SEEK DISCLSOURE OF SALARY HISTORY INFORMATION. PLEASE DO NOT PROVIDE IT IN RESPONSE TO ANY INQUIRY OR PRODUCTION OF RECORDS.

Applicant/Employee's Name: _____

Current Address: _____

Telephone Number: _____

Date of Birth: _____

Date: _____ Authorized Signature: _____

To Whom It May Concern: I am an applicant for a position, as an employee or volunteer, with the Township of Long Beach. The Township of Long Beach needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied and/or obtained. It is in the public's interest that all relevant information concerning my personal and employment history, **except for salary history**, be disclosed to the Township of Long Beach.

I hereby authorize any representative of the Township of Long Beach bearing this release, to obtain any information in your files pertaining to my employment records and I direct you to release such information upon request of the bearer **except for salary history information.** I authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Township of Long Beach, whether the records are public, private, or of a confidential nature. The intent of this authorization is to give my consent for full disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background investigation that may provide pertinent data for the Township of Long Beach to consider in determining my suitability for employment in the Township. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, and my work record, my background and reputation, my military service records, educational records, my financial status (except for salary history information), my criminal history record, including any arrest records[1], any information contained in investigation files, efficiency ratings, complaints or grievances filed by or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you; as the custodian of such records of _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether to employ me. I understand that should

1 In accordance with the Opportunity to Compete Act, P.L. 2014, c. 32. the Township of Long Beach will not conduct any criminal background checks until after the completion of the initial application process. The initial employment application process ends after the Township's first interview with the applicant.

information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

A photocopy or facsimile copy of this release form has the same force and effect as an original even though the photocopy or facsimile copy does not contain my original signature.

This waiver shall be valid until such time the employment screening process has been completed or throughout the duration of my employment with the Township of Long Beach, whichever is longer.

Should there be any questions as the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the entity to whom this request is presented and its agents, employees, officers, directors, partners from and against all claims, damages, losses and expenses, including reasonable attorney's fee, arising out of or by reason of complying with this request.

Signature of Applicant/Employee	Date

TOWNSHIP OF LONG BEACH EMPLOYMENT APPLICATION
CRIMINAL HISTORY SUPPLEMENT

In accordance with the Opportunity to Compete Act, P.L. 2014, c. 32, the Township of Long Beach requires applicants to provide criminal history information after the completion of the initial employment application process. The initial employment application process ends after the Township's first interview with the applicant which may take place telephonically. If you have completed your first interview with the Township, please complete this supplement to the employment application.

Other than minor traffic violations, have you ever been convicted of a criminal offense that has not been expunged or sealed by court order?

☐ Yes ☐ No

Note: A conviction does not automatically mean that you will not be selected. The crime you were convicted of and how long ago you were convicted are important. If you answered yes, please provide the information requested below for each conviction so that the Township of Long Beach may make an informed decision.

Date of Conviction:

Violation:

Specific Statutory Code Violated:

Location:

Court Disposition:

Police Agency Concerned:

Description of Incident:

I certify that the answers provided above are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this criminal history supplement as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand that the discovery of any misrepresentation or omission of fact in this criminal history supplement will result in the rejection of my employment application, or in the event of employment, provide cause for termination of employment. I understand that all positions require a complete criminal history check as a condition of employment.

Signature of Applicant **(Electronic signature accepted)**

Date

NEW JERSEY DEPARTMENT OF EDUCATION

A300 Combined Certification Form

Date Printed: _____

Date(s) of previously issued certificates *(if applicable)*: _____

☐ Cooperative Education Experience (CEE) - Hazardous Occupation ☐ CEE - Non-Hazardous Occupation ☐ Paid Structured Learning Experience

A. Minor's Personal Information

First Name M.I. Last Name	Social Security No.
Street Address *(Line 1)* Floor/Apt. No. *(Line 2)*	Date of Birth Age City of Birth
City State Zip Code	County of Birth State/Country of Birth
Telephone No. Cell/Alternate No.	☐ Male Height _____ Hair Color _____ ☐ Female Weight _____ Eye Color _____
Parent/Guardian First Name Parent/Guardian Last Name	Distinguishing Facial Marks *(if applicable)*
Parent/Guardian Address *(if different than minor's address)* Floor/Apt. No. *(Line 2)*	I hereby authorize the employment of my child as specified below under Employment Information.
City State Zip Code	
Parent/Guardian Telephone No. Alternate Telephone No.	*Signature of Parent/Guardian* *Date*

B. Employment Information

Employer Business Name TOWNSHIP OF LONG BEACH	Type of Business/Industry MUNICIPAL
Street Address *(where minor will be employed)* Floor/Suite *(Line 2)* 6805 LONG BEACH BLVD	Minor's Job Title *(Be specific)* OPEN WATER OCEAN LIFEGUARD
City State Zip Code BRANT BEACH NJ 08008	Is liquor sold on the premises? ☐ Yes ☒ No If Yes, are the entire premises licensed? ☐ Yes ☐ No If No, describe what areas of the premises are licensed, including any outside grounds:
Contact Person Name TRACEY SCHMIDT	
Telephone No. Alternate Telephone No. 361-1200	
Minor's Hours of Work *(Provide daily hours and/or start and end times)* Mon 7 Tues 7 Wed 7 Thurs _____ Fri 7 Sat 7 Sun 7 Total Hours for Week: 42 Wages: Per Hour 15.00 Weekly _____ Other _____	**Promise of Employment:** I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor. Tracey A. Schmidt *Signature of Employer* *Date*

C. Physician's Certification *(to be completed by licensed physician)*

I hereby certify that I have examined the above named minor on _____ *(Date)* and I designate the minor's physical qualifications regarding the above promise of employment as:

☐ Physically Qualified ☐ Physically Qualified with the following limitations _____

Signature of Doctor *Date* Address

D. Proof of Age *(for Issuing Officer)*

I have examined the proof of age submitted by the above named minor which was in the form of *(select one)*:

☐ Birth Certificate ☐ Baptismal Certificate ☐ Passport ☐ Other documentary proof in existence for at least one year *(specify)*: _____

☐ Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth

E. School Record *(to be completed by school that the minor attends)*

School District County

Name of School

School Address

Last Grade Completed _____

The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.

Signature of Principal *Date*

F. Issuing Officer Certification

School District County

School District Address

Telephone No.

☐ Regular Employment Certificate

☐ Vacation Employment Certificate *(summer & other school vacations)*

☐ Age Certificate (*issued to persons 18 to 21 years of age*) Age: _____

Signature of Minor *Date*

Signature of Issuing Officer **Date of Issue** **Certificate No.**

INSTRUCTIONS FOR A300 COMBINED CERTIFICATION FORM

Pursuant to Executive Order 135 (Murphy) (2020), for the duration of the Public Health Emergency declared in Executive Order No. 103 (2020), the provisions of N.J.S.A. 34:2-21.8 and N.J.S.A. 34:2-21.10, requiring the personal appearance of the minor, and, under certain circumstances, the minor's parent or guardian, before school district issuing officers in order to apply for or sign employment certificates may be **satisfied through the use of audio-visual technology**. Each public-school district shall develop and implement procedures to satisfy the statutory requirements without requiring in-person contact between the school district issuing official and the minor, under the following conditions: **a. During the application process**, the child and the school district licensing officer may transmit a single copy of all required documentation by way of electronic transmission, fax, or any other means of transfer of documents developed by the school district that avoids in-person contact, is secure, and maintains the confidentiality of the documents; **b. The video conference shall be** live and must allow for interaction between the child and the school district issuing officer, and when applicable, the parent or guardian. During the video conference, the child shall verify his or her identity, authenticate the documents submitted, and sign the application, in a way that is visible and audible to the school district issuing officer; and **c. Following the video conference,** the child shall transmit the signed certificate, by electronic or other means as determined by the school district, to the issuing officer, who shall make the requisite copies and distribute the original and copies as required by N.J.S.A. 34:2-21.7

1. **Employment Information** (section B) – After you have completed your personal information (section A), bring your certification form to the employer. The employer completes the Employment Information and signs and dates the Promise of Employment. If any of the employment details have been pre-filled and are incorrect, the employer must cross out the incorrect information and enter, initial and date the corrections.

2. **Physician's Certification** (section C) – The school district is responsible for performing the physical examination at no cost to you or your parents. A school physical (including a sports physical) performed during freshman year is good for all four years of high school (unless the school district policy specifies more frequent physicals).
   If your parent/guardian prefers that you be examined by a doctor other than the one employed by the school district, you may do so at your parent/guardian's expense. A minor is not required to obtain a physical if the parent/guardian objects (in writing) based on their religious beliefs and practices.

3. **Proof of Age** (section D) – If the school does not have a copy on file, you may be asked to provide a birth certificate, passport, baptismal certificate or other identification documentation to the School Issuing Officer.

4. **Parent/Guardian Authorization** (section A) – Your parent/guardian must indicate his/her authorization of your employment as specified in the Employment Information by signing and dating the Parent/Guardian authorization.

5. **School Record/Issuing Officer Certification** (sections E & F) - **Present the completed certification form to your school district.** A designated school official will review the form and issue the working papers only after being satisfied that the working conditions and hours will not interfere with your education. The official may refuse to issue working papers if such refusal would be in your best interest.*
   * See above Executive Order 13 (Murphy) (2020) for temporary instructions.