



SEA GIRT BEACH DEPARTMENT
APPLICATION FOR EMPLOYMENT

Name: _____ Social Security # _____
Mailing Address: _____
Summer Address: _____
Permanent Phone: _____ Summer Phone: _____
Cell Phone _____
Date of Birth: _____
E-Mail Address: _____

Previous Sea Girt Beach Employment: _____

Other Beach Related Experience: _____

Date Available for Work: _____

Date Available Until: _____

Can You Work A Six Day Work Week?

Yes No

If No, Then How Many Days: _____

What days would you be available for work? _____

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: _____

Signature: _____ Date: _____

Please send all applications to:
Borough of Sea Girt
Attn: Jim Freda, Beach Manager
P.O. Box 296
Sea Girt, N.J. 08750

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