



# ATLANTIC CITY BEACH PATROL

2715 Atlantic Avenue  
OEM Office – Suite 420A  
Atlantic City, New Jersey 08401  
Phone: (609) 347-5304

## CANDIDATE APPLICATION (PLEASE PRINT)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted of a crime: \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If yes, please explain on the back side of this application)

Have you served in the Military: \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Guardian Name (if candidate under 18): \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

Highest Education Level Completed: \_\_\_\_\_ School: \_\_\_\_\_

This application is complete only by satisfying the following requirements:

1. You have a social security number
2. You sign and attach the disclaimer waiver
3. Your parent or guardian has given their consent signature if under the age of 18

**The undersigned asked to be a candidate for employment on the Atlantic City Beach Patrol and will abide by the rules and regulations of the Atlantic City Beach Patrol training program as a condition of candidacy and employment, and does declare that all responses to this application are true and correct. After passing the lifeguard test, I understand that I must be available and willing to attend the ACBP Lifeguard Academy and that I must satisfactorily complete all training as a precondition of my employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date