



Ocean Beach and Bay Club

101 Sea Way, P.O. Box 245
Lavallette, NJ 08735
732-793-3798 fax: 732-793-6195
www.oceanbeachandbayclub.com

EMPLOYMENT APPLICATION (please print)

PERSONAL INFORMATION:

Today's Date _____

Name _____

FIRST

LAST

MIDDLE

Social Security Number _____ Date of Birth _____

E-Mail Address _____

OFF SEASON CONTACT INFORMATION: (September to May):

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Cell Phone _____

SUMMER CONTACT INFORMATION: (June to August - if different than above)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION:

Name _____

Relationship to Applicant _____

Daytime Phone _____ Cell Phone _____

POSITION DESIRED: _____

Date available to start _____ Available until _____

Are you employed now? Yes No

EMPLOYMENT HISTORY & REFERENCES: List below your current or last employer. OBIII staff may use this information to validate employment history and obtain employment references.

Name of Employer _____ From (date) _____ To (date) _____

Contact Name _____ Phone _____

Position Held _____

Job Description _____

EDUCATION:

High School _____ # of years _____

College _____ # of years _____

PERSONAL REFERENCE: List below contact information for one person not related to you.

Name _____ Phone _____

BACKGROUND CHECK/DMV PERMISSION/RELEASE: If applicant is less than eighteen (18) years of age OBIII must obtain written permission from the applicant's parent or legal guardian to conduct a background check and Motor Vehicle Record (only required if applicant will be driving any OBIII vehicle)

Are you less than eighteen years of age? Yes No

If yes, please provide name of parent or legal guardian authorizing background check:

Print name _____ Signature _____

Phone _____ Date _____

CERTIFICATIONS: (for lifeguard applicants only)

Are you USLA certified? Yes No

If yes, when does your current certification expire? _____

Are you CPR certified? Yes No

If yes, when does your current certification expire? _____

Are you Red Cross First Aid certified? Yes No

If yes, when does your current certification expire? _____

Are you AED certified? Yes No

If yes, when does your current certification expire? _____

If you hold any other certifications, please list below along with the expiration date:

OTHER INFORMATION: List below any other information you feel is relevant for us to consider. (special skills, training, interests etc.)

I certify that the information contained in this application is true and complete, and I authorize OBIII to investigate any and all statements I have made. I authorize all persons and institutions, including my previous employers, to provide OBIII with any information that they may request in connection with this application. I also acknowledge that OBIII will perform a pre-employment background check which is a requirement for employment and a Motor Vehicle check of my Automobile License if I will be driving for OBIII. If employed, I understand that my employment is contingent upon receipt by OBIII of satisfactory work references and background check. I understand that any misleading or false statements or omitted information would be cause for non-employment or immediate dismissal after employment. If employed, I hereby agree to abide by all rules and regulations as they now exist or may exist and that failure to do so may result in termination. I understand that if employed, I must produce applicable documents, within the specified time frame, that I am a United States citizen or alien lawfully authorized to work in the United States. I further understand that my employment is at will and that either OBIII or I will be free to terminate the relationship at any time for any reason, without cause and without notice. I acknowledge that this application or my employment does not constitute a contract or employment and that initial employment does not guarantee continued or ongoing employment.

OBIII is an equal employment opportunity employer and does not discriminate in hiring or employment on the basis of race, color, creed, national origin, physical handicap, ancestry, age, marital or relationship status.

Signature _____ Date _____