



**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](mailto:jimfreda@optonline.net)*

[www.SGBP.org](http://www.SGBP.org)