



LONG BEACH TOWNSHIP BEACH BADGE

6805 Long Beach Boulevard, Brant Beach, NJ 08008

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

2026 APPLICATION PACKET

Dear Applicant:

Deadline for all required documents is **April 1, 2026** for Beach Badge Supervisor/Assistant Supervisor/Beach Badge Checker applicants. If you miss the deadline, please submit an application and we will let you know if there are still open positions. It is preferred that applications are emailed to renee@lbtbp.com. If needed, they can also be mailed to our Department, or dropped off at the Beach Badge Sales Office on 68th Street (Meade Avenue), Brant Beach. Paper applications will be available at Beach Badge Sales Office.

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 (**Supervisor/Asst. Supervisor only**)
5. Physician's Document (**School Sports physical is not acceptable**)
6. Applicant Relative Disclosure Form
7. New Jersey Working Papers - online submission when application is accepted

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

You are invited, **but not required**, to provide the Voluntary Affirmative Action Information form as part of your application submission. This form is included with the packet.

Returning checkers applying to be a **supervisor/assistant supervisor**, must submit a written letter of relevant qualifications with your application and be received no later than 4:00 pm on April 1st. You must have a current ARC CPR/AED/AEO/PDT certification for this position. Classes can be taken thru LBTBP.

New applicants, upon your receiving a Conditional Offer of Employment, you will receive directions to complete additional employment documentation online with our payroll company - Primepoint.

Applicants 18+ will be required to do the background check after the initial interview.

You can contact the Beach Badge Office at (609) 361-6675, if you have any questions.

Sincerely,

Renee D. Gresko
Beach Badge Coordinator
renee@lbtbp.com

Phone
(609) 361-6675

www.lbtbp.com

Fax
(609) 494-7606



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6805 Long Beach Boulevard, Brant Beach, NJ 08008

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

2026 Beach Badge Checker Application (6/20/26 - 9/7/26)

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

G.E.D.

Y

N

Year

College

Graduated

Y

N

Year

ARC Emergency Medical Response?

Y N Expires

ARC CPR Certification?

Y N Expires

LBTBP LIT Certification?

Level Year

LBTBP Experience? Date(s) of Year(s) Worked

Patrol

Position

Other certifications and previous beach badge checking 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)
(Electronic signature accepted)

Date

Incomplete application packets will not be accepted. Must be completed in full.

Phone
(609) 361-6675

www.lbtbp.com

Fax
(609)494-7606



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2026

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 Beach Badge Checker

I certify that I have examined/documentated:

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 a beach badge checker, with or without reasonable accommodation.

Does not possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of a beach badge checker, with or without reasonable accommodation.

To perform the duties required of a beach badge checker, the above named individual must be able to do the following, with or without reasonable accommodation:

Walking for extended periods of time on the beach in varying weather conditions
Prolonged exposure to the sun
Verbal interaction with beach patrons

Provide details regarding the requested accommodation 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.

Phone
(609) 361-6675

www.lbtbp.com

Fax
(609) 494-7606



2026 Health, Safety Course and Swim Test Registration Form

Class Location: Beach Patrol Headquarters

7910 Long Beach Blvd., Beach Haven Crest, NJ 08008 (Enter off of Bayview Avenue)

Class Limit: 25 Students (First Come Basis)

\$ 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 only and are to be made payable to **LBTBP ARC Cert. Acct. PAYMENT MAY ACCOMPANY REGISTRATION OR BE BROUGHT TO CLASS.**

Contact: Tracey Schmidt at (609) 361-1200 or tracey@lbtbp.com 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 Returning Checker New 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 8, 2026 9am - 5pm
Full Course #2 - Saturday, April 4, 2026 9am - 5pm
Full Course #3 - Friday, May 1, 2026 9am - 5pm
Full Course #4 - Saturday, May 2, 2026 9am - 5pm
Full Course #5 - Friday, May 8, 2026 9am - 5pm
Full Course #6 - Saturday, May 9, 2026 9am - 5pm
Full Course #7 - Monday, May 11, 2026 9am - 5pm
Full Course #8 - Monday, May 18, 2026 9am - 5pm

Emergency Medical Response (includes CPR)

Sundays - March 1, 8, 15, 22, 2026

9am - 5pm

Saturdays - April 4, 11, 18, 25, 2026

9am - 5pm

Weekday #1 - May 11 - 14, 2026

Mon - Thurs - 9am - 5pm

Weekday #2 - May 18 - 21, 2026

Mon - Thurs - 9am - 5pm

LIT EMR - July 28 - 31, 2026

Tues - Fri - 9am - 5pm

Can not attend any scheduled course.

Please email tracey@lbtbp.com to set up an alternative time to take the course.

OR

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

LBTBP Beach Badge Checker Orientation and Organizational Meeting

**Sunday, May 24, 2026 from 10:00 a.m. – 12:00 p.m.
Supervisors/Assistant Supervisors - meet at 9:30 a.m.**

Long Beach Township James J. Mancini Administration Building
6805 Long Beach Blvd., Court Room (1st Floor), Brant Beach, New Jersey
Enter through wooden double doors on bay side of building.

Please be on time! Attendance is mandatory! Shirt and shoes required!

The purpose of this meeting is to discuss the job description and job duties, as will other related subjects: work hours, salaries, Long Beach Township Beach policies, etc. Patrol assignments will take place at this time.

To perform the duties required of a Beach Badge Checker, each individual must be able to do the following with or without reasonable accommodations:

1. Ability to effectively communicate with the public/beach patrons regarding need for badges.
2. Ability to effectively communicate pricing, collect money and provide correct change.
3. Ability to accurately account for sales and money collected from sales.
4. Ability to accurately complete reports related to job duties.

All paperwork should have been submitted through Primepoint prior to this meeting.

Background Check: If you are 18 years of age or older, you must complete the background check form. Background checks are not performed until after an initial interview. Once you have completed the application for the background check, you will receive an email from NJPortal showing it has been submitted. Please “Approve” this email and forward the final email from NJPortal (showing submission and approved dates) to reneec@lbtbp.com.

Working Papers: If you are under 18, you cannot work until your New Jersey online working paper submission has been completed. If you cannot attend the meeting, this must be completed by at least one week prior to your beginning work. Upon receipt and approval of your employment application, you will be provided with the information necessary to complete the New Jersey online submission. Working papers from all other states are not acceptable. You need to obtain permission from the State of New Jersey to work within this State.

Orientation Meeting/No Tolerance Seminar (In-person)

All Beach Badge Checkers are required to attend this additional Orientation Meeting/No Tolerance Seminar given by Long Beach Township’s Labor Attorney. LBTBP beach policies, etc., will be discussed as will other related subjects. **You must wear shoes & a shirt or you will be sent home.** Please be on time.

IN PERSON MEETING: COURT ROOM
Saturday, June 13th 9:30am - 12:00pm

Makeup: Monday, June 29th 5:30pm - 8:00pm

**Attendance is mandatory! Beach Badge Checkers will not be permitted to work
if they do not attend one of the Orientation Meetings.**

REPRESENTATIONS, RELEASE/INDEMNIFICATION AND AUTHORIZATION TO PERFORM BACKGROUND CHECK:

As an applicant for a position with Long Beach Township, I understand and represent that the information I provided within my application is truthful and accurate. 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 supplied on my application was incomplete, untrue, or inaccurate. I give Long Beach Township the right to investigate all information I have provided to it in connection with the hiring process 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 certain date 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 accommodations, including accommodations for pregnancy, disabilities and religious beliefs, 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 contrary to its established policies unless that representation is in writing and signed by the Commissioner in Charge of Beach Patrol. 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. 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

I, _____, represent that I am the parent/guardian of _____ and legally authorized to sign this document. I reviewed, authorized and approve the documents signed by _____ in connection with their application for seasonal employment with the Township of Long Beach for the position(s) of _____.

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

Date

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.

Long Beach Township makes accommodations, including accommodations for pregnancy, disabilities and religious beliefs, as required by law. The Township, however, can only accommodate a person if it knows of the need. Do not assume the Township knows of the need. Instead, an applicant in need of an accommodation during the application process should promptly notify the Township by contacting the Business Administrator. An employee should promptly notify the head of the Beach Badge Dept. Depending on the type of request, the Township may request documentation to support it.

Name of Applicant
(Insert Name Above)

Signature of Applicant
(Electronic signature accepted)

Date

Parent or Guardian of Applicant
(for minors only)
(Insert Name Above)

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

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)
(Electronic signature accepted)

Date

TOWNSHIP OF LONG BEACH
AUTHORIZATION FOR RELEASE OF INFORMATION

NOTICE: THIS RELEASE AND ANY REQUEST FOR INFORMATION DOES NOT SEEK DISCLOSURE 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 records¹, 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

2026 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.

Name of Applicant
(Insert Name Above)

Signature of Applicant
(Electronic signature accepted)

Date

Name of Parent or Guardian
(for minors only)
(Insert Name Above)

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

Date

2026 Voluntary Affirmative Action Information

You are not 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: _____