



# LONG BEACH TOWNSHIP BEACH PATROL

6805 Long Beach Boulevard, Brant Beach, NJ 08008

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

## 2026 EMT APPLICATION PACKET

Dear Applicant:

Deadline for all required documents is **April 1, 2026** for EMT 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 **taylor@lbtbp.com**. If needed they can also be mailed to Town Hall, or dropped off at beach patrol headquarters. Paper applications will be available at headquarters.

**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
5. Applicant Relative Disclosure Form
6. Hepatitis B Vaccination Information (New Lifeguards Only)

**The following document is to be submitted a week prior to your start date (NO EXCEPTIONS):**

1. Physician's Document (**School Sports physical is not acceptable**)

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

Applicants must have a current CPR for the Professional Rescuer w/AED/AEO/PDT certification. Classes can be taken thru LBTBP.

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

Interviews will be conducted for all applicants before he/she/they are offered a position with Long Beach Township.

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

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

You can contact John Pasquale at (609) 709-6767, if you have any questions.

Sincerely,

Tracey A. Schmidt  
Beach Patrol Coordinator

Josh Bligh  
Beach Patrol Coordinator

John Pasquale  
EMT Coordinator



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## 2026 EMT Application (5/22/26 - 9/7/26)

Application is computer friendly

Returning

New

Last Name

First Name

MI

Date of Birth

Your voluntary response to the following question will not be considered in any application, hiring or employment decision:  
Permanent Address

Gender:

Male  
Female

Non-Binary  
Do not wish to disclose

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

CPR Certification?

EMT Certification?

Y      N      Expires

Y      N      Expires

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

Previous Location

Other certifications. 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 applications will not be accepted. Must be completed in full.

Phone  
(609) 361-1200

[www.lbtbp.com](http://www.lbtbp.com)

Fax  
(609) 361-1210



## 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)

**Cost:** \$ 45.00 for CPR/AED/AEO with PDT

**Cash or Checks accepted. Checks made payable to LBTBP ARC Cert. Acct.**

**PAYMENT MAY ACCOMPANY REGISTRATION OR BE BROUGHT TO CLASS.**

**Contact:** John Pasquale at (609) 709-6767 or [emt@longbeachtownship.com](mailto:emt@longbeachtownship.com) or  
Tracey Schmidt at (609) 361-1200 or [tracey@lbtbp.com](mailto:tracey@lbtbp.com) if you have any questions.

### Personal Information

Name:

Date of Birth:

Address:

Home Phone:

Cell Phone:

Email:

**Note:** 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



# LONG BEACH TOWNSHIP BEACH PATROL

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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 Seasonal Emergency Medical Technician

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 an Emergency Medicinal Technician, with or without reasonable accommodation.

**Does not** possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an Emergency Medicinal Technician, with or without reasonable accommodation.

To perform the duties required of an Emergency Medicinal Techician, the above named individual must be able to do the following, with or without reasonable accommodation:

Running/sprinting on beach/sand

Able to lift up to 35 lbs (medical bag)

Provide details regarding the requested accommodation and medical condition which requires it, if any.

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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) 361-1200

[www.lbtbp.com](http://www.lbtbp.com)

Fax  
(609) 361-1210



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2026

## Application Deadlines

Application and all required documents must be received by April 1, 2026. Submittal of required documentation does not guarantee employment.

### Orientation Meeting/No Tolerance Seminar (In-person)

Job description and duties will be discussed as will other related subjects— work hours, salaries, LBTBP beach policies, patrol officers, etc. You must wear shoes & a shirt or you will be sent home. Please be on time.

**IN PERSON MEETING: LIFEGUARD HEADQUARTERS**

**Saturday, June 13th 9:30am - 12:00 pm**

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

**Attendance is mandatory! EMTs will not be permitted to work until they attend an Orientation Meeting.**

## Important Information: Hepatitis B vaccination information (New EMTs Only)

The New Jersey department of health in accord with PEOSHA blood borne pathogens standard regulations (29 CFR 1910.1030) requires Hepatitis B vaccinations (HBV) to be offered to public employees who may have contact with blood or potentially infectious materials because of their work. LBTBP will provide information on HBV vaccination addressing its safety, benefits, efficacy, methods of administration, and availability. The three-vaccine HBV series will be made available at no cost to employees who have the potential for occupational exposure to blood or other potentially infectious materials unless written documentation is shown for one of the following:

- The employee has previously received the series;
- Antibody testing reveals that the employee is immune;
- Medical reasons prevent taking the vaccination; or
- The employee chooses not to participate.

All employees are strongly encouraged to receive the HBV series. However, if an employee chooses to decline HBV, then the employee must sign a statement to this effect. Documentation of refusal of the HBV will be kept at LBTBP headquarters with the employee's other records.

First year EMTs only: If you choose not to participate in the HBV program, the enclosed declination statement must be returned with your application.

To schedule Vaccination:

Vaccination appointments are available by contacting the LBI Health Department directly at (609) 492-1212 to schedule an appointment. There you will make arrangements for your second shot, which will be administered in August; your third shot will be administered in July, 2027. Don't forget: if you began the series last summer you must make an appointment to receive your third shot!

All vaccinations are given at the LBI Health Department, Ship Bottom.

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### Declination statement

Please check one:

I have already received the complete series of shots. A copy of my records is attached.

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at the risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

First year EMTs: If you do not either sign the declination statement or receive the vaccinations, you will be unable to work as an Emergency Medical Technician for Long Beach Township.

Employee Name (print)

Employee Signature

Date

If under 18 years of age: Parent or guardian signature required for declination.

Parent / Guardian (print)

Parent / Guardian Signature

Date

## 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 Beach Patrol. 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 records<sup>1</sup>, 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

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<sup>1</sup> 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: \_\_\_\_\_