



# LONG BEACH TOWNSHIP BEACH PATROL

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 Officers **and** for lifeguard 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)
7. New Jersey Working Papers - online submission when application is accepted

The following document is to be submitted prior to your swim test (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 American Red Cross Emergency Medical Response (EMR) and CPR for the Professional Rescuer w/AED/AEO/PDT certification and pass 500m swim test. New applicants must also pass our Ocean Lifeguard Training Course (OLTC). 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.

Returning lifeguards applying for a **captain/lieutenant/asst. lieutenant position**, must submit a written letter of relevant qualifications with your application and **received no later than 4:00pm on April 1st**.

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 the Beach Patrol office at (609) 361-1200, if you have any questions.

Sincerely,

Tracey A. Schmidt  
Beach Patrol Coordinator

Josh Bligh  
Beach Patrol Coordinator



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## 2026 Lifeguard Application (6/20/26 - 9/7/26)

Application is computer friendly

Returning

New

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<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>
<b>Your voluntary response to the following question will not be considered in any application, hiring or employment decision:</b>			<b>Gender:</b>
<b>Permanent Address</b>		<b>Male</b>	<b>Non-Binary</b>
<b>Summer Address</b>		<b>Female</b>	<b>Do not wish to disclose</b>
<b>Permanent Phone #</b>	<b>Cell Phone #</b>	<b>Summer Phone #</b>	
<b>E-Mail Address</b>			

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<b>First Date Available to Work</b>	<b>Last Date Available to Work</b>	<b>Unavailable Dates to Work</b>		
<b>High School</b>	<b>Graduated</b>	<b>G.E.D.</b>	<b>Y</b>	<b>N</b> Year
<b>College</b>	<b>Graduated</b>	<b>Y</b>	<b>N</b>	Year

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<b>ARC Emergency Medical Response?</b>	<b>SCUBA Certification?</b>	<b>LBTBP LIT Certification?</b>	
<b>Y N Expires</b>	<b>Y N Expires</b>	<b>Level</b>	<b>Year</b>

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<b>LBTBP Experience? Date(s) of Year(s) Worked</b>	<b>Patrol</b>
<b>Position</b>	

Other certifications and previous lifeguarding experience. List dates and locations. Continue on next page if necessary.

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**Emergency Contact #1 - Name / Relation**

**Address**

**Phone #**

**Emergency Contact #2 - Name / Relation**

**Address**

**Phone #**

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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.



## 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 (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)

**Cash or Checks accepted. Checks 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 New Lifeguard Beach Badge 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

OR

### Emergency Medical Response (includes CPR)

Sundays - March 8, 15, 22, 29, 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.

### OLTC (Ocean Lifeguard Training Course)

OLTC #1 - June 1 - 5, 2026 Monday - Friday - 9am - 5pm
OLTC #2 - June 8 - 12, 2026 Monday - Friday - 9am - 5pm
OLTC #3 - June 15 - 19, 2026 Monday - Friday - 9am - 5pm
OLTC #4 - June 22 - 26, 2026 Monday - Friday - 9am - 5pm
OLTC #LIT - August 10 - 14, 2026 Monday - Friday - 9am - 5pm

**Applicants must pass the swim test and Emergency Medical Response to participate in OLTC.**

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

### 500M USLA Swim Test (10 minutes or less)

**All tests by Appointment (choose one)**

#### St. Francis Aquatic Center

Saturday, May 2, 2026 - 6:30pm

Saturday, May 9, 2026 - 6:30pm

Saturday, May 16, 2026 - 6:30pm

Saturday, May 23, 2026 - 6:30pm

#### Bayview Park

Saturday, May 23, 2026 - 9am

Sunday, May 24, 2026 - 9am

***ALL APPLICATION DOCUMENTATION, INCLUDING PHYSICIANS DOCUMENT, MUST BE SUBMITTED PRIOR TO TAKING SWIM TEST NO EXCEPTIONS***



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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 Open Water Lifeguard

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 open water ocean lifeguard, with or without reasonable accommodation.

**Does not** possess the adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water ocean lifeguard, with or without reasonable accommodation.

To perform the duties required of an open water ocean lifeguard, the above named individual must be able to do the following, with or without reasonable accommodation:

- Running/sprinting on beach/sand
- Ocean swimming
- Paddling a rescue paddleboard in ocean/surf
- Rowing a surfboat in ocean

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.



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2026

## Application Deadlines

**Application and all required documents** must be received by April 1, 2026 and are required prior to taking swim test. Submittal of required documentation does not guarantee employment. Physicians Document must be received prior to taking swim test.

## Swim Test Calendar

Both returning and new lifeguards - 500 meter pool swim (which is 22 lengths of the St. Francis Aquatic Center pool) or 500 meter bay swim in **10:00** minutes or less. Goggles and swim caps are permitted, no diving starts. **All** lifeguards are required to complete the Wilson “Bud” Peck 1000-meter ocean swim and half-mile paddleboard competition.

The following dates will be the **only times** the test will be held. You may attempt to pass the test on any two of these dates. You may only take the swim test a total of **two (2)** times. **If you do not pass the swim test, you will not be hired as a Long Beach Township ocean lifeguard.**

**All lifeguard swim tests will be held by appointment.**

Saturday, May 2	LIT applicants	6:00 – 6:30 pm
St. Francis	Lifeguard applicants	6:30 – 8:00 pm
Saturday, May 9	LIT applicants	6:00 – 6:30 pm
St. Francis	Lifeguard applicants	6:30 – 8:00 pm
Saturday, May 16	LIT applicants	6:00 – 6:30 pm
St. Francis	Lifeguard applicants	6:30 – 8:00 pm
Saturday, May 23	Lifeguard applicants	9:00 – 10:30 am
Bayview Park		
Saturday, May 23	LIT applicants	6:00 – 6:30 pm
St. Francis	Lifeguard applicants	6:30 – 8:00 pm
Sunday, May 24	Lifeguard applicants	9:00 – 10:30 am
Bayview Park		
Saturday, May 30	LIT applicants	6:00 – 6:30 pm
St. Francis		
Saturday, June 27	LIT applicants	6:00 – 6:30 pm
St. Francis	<i>Please be on time!</i>	

## St. Francis Pool Pre-Test/Pre-Season Training

Beginning April 1st - Monday, Wednesday and Friday 4 pm - 6pm, Tuesday and Thursday 7am - 9am, and Sunday 3pm-5pm, Lifeguards/ LIT/B-LITs may use the pool to train for their swim test. Enter at the main Aquatic Center door, sign in and respect all pool rules. **There are no scheduled swim tests for lifeguard applicants after May 23rd at St. Francis!** LBTBP application must be received to be able to put on the list for pre-test/pre-season pool training.

## 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! Lifeguards will not be permitted to work until they attend an Orientation Meeting.**

## Important Information: Hepatitis B vaccination information (New Lifeguards 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 guards 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 guards: If you do not either sign the declination statement or receive the vaccinations, you will be unable to work as an ocean lifeguard for Long Beach Township.

Employee Name (print)	Employee Signature	Date
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If under 18 years of age: Parent or guardian signature required for declination.

Parent / Guardian (print)	Parent / Guardian Signature	Date
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**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: \_\_\_\_\_