
OCEAN LIFEGUARD GENERAL INFORMATION

Lifeguard Requirements:

1. New Lifeguards may not have used tobacco or tobacco products within the past 12 months.
 2. ALL LIFEGUARD APPLICANTS MUST BE AVAILABLE TO WORK THE WEEK OF JULY 3 – JULY 12, 2014, NO EXCEPTIONS
 3. There will be two test dates for potential applicants and returning guards. You **ARE REQUIRED** to report to one of the following test dates:
 - March 22, 2014 at 10:00 a.m. at Fletcher Senior High School pool
 - April 5, 2014 at 10:00 a.m. at Fletcher Senior High School pool
 - a. You will be required to complete an application . **Please bring a copy of your current driver's license.**
 - b. You will be required to complete two physical fitness tests consisting of a pool swim test and an ocean swim/run test. The pool swim test requirement is to swim 500 meters (550 yards) in the pool in 10 minutes or less. After successfully completing the pool swim test, applicants will report to the beach in front of the Atlantic Beach Lifeguard Station, 1 Ahern Street, Atlantic Beach, for the ocean swim/run test. The ocean swim/run test consists of running approximately 1/2 mile on the beach with buoy, entering the ocean, swimming approximately 1/2 mile in the ocean while towing a buoy, exiting the ocean and returning to the starting point in 30 minutes or less.
3. Background check.
 4. Interview.

If selected, post-employment requirements:

1. Physical examination to include a drug test by urinalysis with an optional Hepatitis B Vaccine. Returning guards will be drug tested.
2. All guards will be subject to Random Drug Testing.
3. Must successfully complete and maintain the requirements for an Open Water Lifeguard per USLA, Guidelines for Open Water Lifeguard Agency Certification. This is an approximately 48 hour classroom and on-the-job training taught by Atlantic Beach free of charge. Lifeguards will be paid while attending this course.

4. Lifeguards without a First Responder certificate must obtain a First Responder certificate prior to continued lifeguard employment. A First Responder class of approximately 43.5 hours is offered by Atlantic Beach with classes normally held at night or on weekends. Lifeguards may obtain a First Responder certificate by completion of this class or they may obtain a First Responder certificate through other training offered in the Jacksonville area. If required, a CPR certificate will also be obtained during First Responder training. Lifeguards will not be paid while attending this course.

LIFEGUARD EVENT CALENDAR 2014

Jet Ski/Mule	April 12-13	9:00 City Chambers 1:00 Lifeguard Station
Returning Guard	April 19	9:00 Fletcher Pool 1:00 Adele Grage
	April 20	9:00 Lifeguard Station 1:00 Adele Grage
First Responder Class	All Classes at the City Chambers	
	April 12-13	9:00 – 5:00
	April 19-20	9:00 – 5:00
	April 26-27	9:00 – 5:00
Recruit Lifeguard	Fletcher Pool/City Chambers	
	May 3-4	9:00 – 5:00
	May 10-11	9:00 – 5:00
	May 17-18	9:00 – 5:00
Double Towering	May 24, 25, and 26 Lifeguard Station	
Swim Test Dates	March 22	10:00 Fletcher Pool
	April 5	10:00 Fletcher Pool
Open Swim at Brooks YMCA	Sunday's at 12:00 1/26, 2/2, 2/9, 2/16, 2/23, 3/1, 3/9	



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LIFEGUARD EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

The City of Atlantic Beach is an equal employment opportunity employer. The City, in its employment practices, does not discriminate on the basis of race, color, age, creed, religion, sex, national origin, disability, marital status or other classification prohibited by State or Federal Law. No information should be given in this application which would violate State or Federal Law. The City supports a drug free work place. Drug testing is conducted.

Position applying for: **LIFEGUARD**

Date: _____

GENERAL INFORMATION (You may attach additional information) (Please Print)

1. Name: _____
Last First Middle Nickname
2. Address: _____
Street City State Zip Code
3. Home Phone Number: () _____ Work () _____ Cell () _____
Email address (optional): Home _____ Work _____
4. Have you ever been employed by Atlantic Beach? () Yes () No If Yes, give dates: _____
5. Are you eligible to work in the United States? () Yes () No
(Verification will be required before employment)
6. Will you attain the age of 16 by May 1, 2014? () Yes () No
7. Have you ever been convicted of a crime? If so, please explain on a separate sheet and attach the type of crime, date of conviction, and penalty. () Yes () No
8. Have you ever been defended, or convicted, in a civil case for intentional wrongdoing? () Yes () No
If so, please explain on a separate sheet and attach the nature of the wrongdoing and the outcome of the case.
9. If selected for employment, when would you be available to start work? _____
10. Do you have any relatives working for Atlantic Beach? () Yes () No
If yes, give name(s) and relationship(s): _____
11. If position requires driving, please provide your driver license number and state:
License Number _____ State: _____
12. Do you use or have you used tobacco products within the past twelve months? () Yes () No

EMPLOYMENT HISTORY

List for the past ten (10) years, starting with the most current.

Present Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

Prior Employer: _____ Date of Employment: From _____ to: _____
Address: _____ Title/Position Held: _____
Phone: (____) _____ Supervisor's Name: _____ Pay Rate: _____
Describe Duties: _____ May we contact? _____

Reason for Leaving: _____

EDUCATION

- 1. Circle last year of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 18+
- 2. Highest degree obtained: _____
Name and address of school or GED authority: _____

- 3. Other formal training: _____

- 4. Professional licenses, certifications, and/or equipment you can operate: _____

REFERENCES

(No family or former employers)

- 1. Name: _____ Title/Business: _____
Phone: (____) _____ Address: _____

- 2. Name: _____ Title/Business: _____
Phone: (____) _____ Address: _____

- 3. Name: _____ Title/Business: _____
Phone: (____) _____ Address: _____

MILITARY SERVICE

- 1. Have you served in the U.S. Armed Services? () Yes () No Branch: _____
- 2. Military training related to position applied for: _____
- 3. Do you claim Veteran's Preference under Florida Statute 295.085 for Item 3 Service? () Yes () No

JOB DESCRIPTION

Note: Answer the following questions only if you have read the job description of the position for which you are applying. A job description is available upon request.

- 1. Are you able to perform all the essential job functions as listed on the job description? () Yes () No
- 2. If no, list those that you are unable to perform: _____
- 3. Are there any accommodations that could be made which would allow you to perform the essential functions listed above? () Yes () No If yes, please indicate: _____

APPLICANT'S STATEMENT

Note: Applicant will not be hired until the applicant has completed and signed as required below.

I certify that the foregoing answers are true and correct to the best of my knowledge. **I hereby authorize** the investigation of all statements contained in this application, to interview the references and previous employers listed in this application, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance records and education records, and the release of all, and any, records or other information requested by the City of Atlantic Beach or its authorized representative.

I authorize the references, current and previous employers, any school or other educational institution, or public agency to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and **I hereby release** all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy.

I understand that any false or misleading information or omission of facts requested in this application or interview may remove me from further consideration for employment. In addition, if employed, any false or misleading statement or omission of fact called for in this application may be cause for subsequent dismissal at any time without any previous notice.

I understand that this application is completed for the position indicated on the front page and that it will be necessary to reapply for other positions when they become available.

I understand that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement.

I understand and voluntarily agree as a condition of employment, or continued employment, that I may be requested by the City to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

If employed by the City of Atlantic Beach, **I agree** to abide by its policies, rules and regulations. **I understand and agree** that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, at any time, at my option or the option of the City of Atlantic Beach.

I further understand and agree that this at-will employment relationship will remain in effect throughout my employment with the City of Atlantic Beach, unless it is modified by a specific written employment contract for a special duration which is signed by the City Manager and me. This at-will employment relationship may not be modified by any oral or implied agreement.

I certify that I have read, understand, and agree with the above.

Applicant's Signature

Date

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. **Completion of this data is VOLUNTARY and will not affect your opportunity for employment or terms or conditions of employment.** This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

Name (optional) _____ Date: _____

Position applied for: _____ Sex: () Male () Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

<input type="checkbox"/>	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/>	White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

DISABILITY/VETERAN STATUS:

(Please check all that apply)

<input type="checkbox"/>	Disabled	Anyone having any physical or mental impairment which substantially limits one or more major life activities.
<input type="checkbox"/>	Special Disabled Veteran	(1) Any veteran entitled to VA-administered disability compensation for a disability rated at 30% or more, or rated at 10-20% where the VA has determined the veteran to have a serious employment handicap; or (2) Any veteran who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/>	Vietnam Era Veteran	Who served on active duty in the U.S. Military for a period of more than 180 days and who was discharged with other than a dishonorable discharge, if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) between August 5, 1964 and May 7, 1975, in all other cases; or (2) Anyone who was discharged from active duty in the U.S. military for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (b) between August 5, 1964 and May 7, 1975 in any other location.
<input type="checkbox"/>	Newly Separated Veteran	Any veteran who served on active duty in the U.S. Military, ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
<input type="checkbox"/>	Other Protected Veteran	Any veteran who served on active duty during a war or in a campaign for which a campaign badge has been authorized.

REFERRAL SOURCE

<input type="checkbox"/>	Florida Times Union Newspaper	<input type="checkbox"/>	City of Atlantic Beach web page
<input type="checkbox"/>	Florida Times Union website	<input type="checkbox"/>	Atlantic Beach City Employee
<input type="checkbox"/>	Shorelines Newspaper	<input type="checkbox"/>	Walk-In
<input type="checkbox"/>	Beaches Leader Newspaper	<input type="checkbox"/>	Other

I do not wish to respond to this disclosure