Island Beach Services, LLC 1518 Royal Colony Road John's Island, SC 29455

# **Beach Patrol Pre-Employment Application**

Personal Information:							
Name:							
Social Security No: Date of Birth:							
Permanent Address:							
City:	_State: _	Zip Code:					
Phone Number:		Cell:					
Email Address:							
Education History:							
High School:		Graduated? Y / N Year:					
City:	State:	Zip Code:					
College:		_Graduated?Y/N Year:					
General Information:							
Please list any relevant certif	ications ar	nd their expiration dates:					
Describe previous lifeguard e	experience	e (agency and dates worked):					
Please list any special trainin	g or skills	applicable:					

Have you ever been convicted of a crime?  $\,\,$  Y / N

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Have you ever been discharged from a position? Y/N

Do you currently have or have you had medical problems that could interfere with your duties as a lifeguard? Y/N

If you answered, "yes" to any of the above questions, please provide an explanation on the back of this application.

### **Former Employers:**

Dates: (from and to)	Employer	Salary	Position	Reason for Leaving

#### References:

Reference	Relationship	Phone Number

### **Authorization:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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Date:Signature:	
Personal Statement:	
Please use the space below to explain how you will use your individual skills and abilities to enhance the safety of beach patrons:	