



LONG BEACH LIFEGUARD PATROL

516-431-1810

From: CHIEF PAUL GILLESPIE

March 25, 2020

Hello fellow lifeguards! Summer of 2020 is just around the corner! As usual, this website includes the forms you must complete and *personally* bring to Civil Service Office in order to work.

Please read and take note of the following...

1. Parents of lifeguards cannot drop off forms to City Hall!
2. Lifeguards **MUST** submit the Health Care Waiver **PLUS** a copy of their health insurance card, along with the returning forms. Civil Service **will not** accept the returning forms without the signed waiver/card. Copies from last year **cannot** be used.
3. Lifeguards **MUST** also submit the **NEW** IT-2104 (State) & W-4 (Federal) tax forms which can be found on the website. Civil Service **will not** accept the returning forms without the completed/signed tax forms.
4. All forms must be submitted in before your re-qualify test in order for you to work! Papers are due to City Hall by Friday May 15th by 4pm... **No Exceptions!**
5. All guards must re-qualify at the run and swim on Sunday, May 17! ****IMPORTANT – The 2020 medical physical form must be completed, signed, and turned in on THE DAY OF SWIM TEST! Only lifeguards who have turned in paperwork & have medical form in hand will get to swim!**

No medical form...No Paperwork in...no swim...No Exceptions!

Please report to the Long Beach Recreation Pool by 7:30 am. After re-qualify swim is completed, we will meet at 9:00am @ National Boulevard on the Boardwalk. The Long Beach Recreation Pool is available to lifeguards to practice for their swim weekday nights from 8-9:30pm. You must have 2020 Lifeguard ID in order to get access to Rec Center to practice! (*Remember, No Lifeguard ID card, no city benefits--- no free beach entrance, no free Recreation use!*). *Soon to be expiring ID cards will be updated at a later date*

If you are unable to attend on this day, you must notify Chief in writing or e-mail, GMAN51650 @ yahoo.com by May 1st to explain your absence. He will arrange an alternate date at his convenience!

Failure to follow this procedure MAY cause you to lose your position!

The beach opens on weekends beginning Saturday, May 23th. **Full time employment begins on SATURDAY, June 27.** By contract, you are required to work all weekends prior to full time. Therefore, you must request in writing permission to miss any of these dates and list **VALID** reasons and dates by May 1st, 2020. Only reasons that are contractually agreed upon are acceptable!

ANY EXTRA TIME OFF REQUESTS DURING THE SUMMER OTHER THAN WEEKLY DAYS OFF WHEN WE START FULL TIME, MUST BE APPROVED BY LIFEGUARD HEADQUARTER'S SUPERVISOR'S ONLY!

You personally must come to HQ with your request in writing by June 1st where it will be looked at and discussed for Approval or Not Allowed! NO REQUESTS will be accepted after this date!

IMPORTANT DATES & INFORMATION



*****PLEASE NOTE***** You **MUST** have valid Grade III and CPR cards in order to work! If your cards are not on file with the Beach Patrol, please bring them with you when you re-qualify on May 17! **If both cards are not on file with the Beach Patrol and up-to-date, you cannot work the beach!**

2020 Medical Physical Forms must be DATED no more than 6-7 months back from date of ReCert Test!. So, physicals should be dated from September,2019 forward! Expired medical forms WILL NOT be accepted for swim test or to work! Make sure you physical does NOT expire during summer OR you will NOT BE ABLE TO WORK.

May 17th - Re-Qualifying swim at Long Beach Recreation Pool at 7:30 am; followed with run @ 9:00am at National Blvd on the boardwalk

May 23rd - First day of weekend work

June 27th - First day of full time

** Clothing & Equipment distribution will be done first weekend of full time work on the beach

** Torps & whistles will be distributed Saturday -May 23rd at your crew facility

Any questions, Chief can be reached at 516-319-9493 or E-Mail; GMAN51650@yahoo.com.

If you are not returning, please call or e-mail him by May 1st!

If Chief does not hear from you, then your position will be filled!

Sincerely,

Chief Paul Gillespie

Chief Paul Gillespie

**CITY OF LONG BEACH
BEACH PATROL**

CHIEF OF LIFEGUARDS
Paul Gillespie

City Hall
1 West Chester Street
Long Beach, NY 11561
(516) 705 - 7260
(516) 431 - 1810



LONG BEACH LIFEGUARD PATROL

(PLEASE PRINT ALL INFORMATION)

NAME: _____
Last Name First Name M.I.

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CELL# _____ **E-MAIL** _____

DATE OF BIRTH: _____

(PLEASE ANSWER THE FOLLOWING QUESTIONS)

1. Except for adjudication as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

A conviction is not an automatic bar to employment. Each case is considered on its individual merits. A false statement will result in the disqualification of your application in accordance with Section 50 of the Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

2. Except for lack of funds, were you ever dismissed or discharged from any employment? _____ Yes _____ No

Circumstances do not represent an automatic bar from employment. Each case is considered on its individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you answered "YES" to either/both of the questions above, please give specifics in space provided below. You may continue of the back of this application.

Applicant's Signature _____

Date _____

City of Long Beach 2020

EMPLOYER HEALTH BENEFITS WAIVER OF COVERAGE

If you are declining enrollment for yourself or your dependents (including your spouse) under this plan because you have other health coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment **within 30 days** after your other coverage involuntarily ends.

In addition, if you are not enrolled under your employer's group health plan and you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after marriage, birth, adoption or placement.

If you are declining coverage, please check one of the following reasons:

I decline coverage for:

- Myself
- Spouse
- Dependent Children
- Myself and all dependents

Declining coverage due to existence of other coverage: **(Attach Copy of Your Proof)**

- Spouse's Employer's Plan
- Individual Plan
- Covered by Medicare
- Medicaid
- COBRA from Prior Employer
- VA Eligibility
- I (we) have no other coverage at this time
- Other _____

I understand that by waiving coverage at this time, I will not be allowed to participate unless I qualify at a special enrollment period or as a late enrollee, if applicable, or at the next open enrollment period. I acknowledge that I have been given the opportunity to enroll in the City of Long Beach medical plan.

Date: _____

Signature: _____

Printed Name: _____

Social Security Number: _____

According to §45 of the NYS Retirement and Social Security Law, you have the option of becoming a member of the New York State Employees' Retirement System. By becoming a member, a percentage of your salary will be deducted by-weekly. I acknowledge that I have been advised that Membership in the New York State Employees' Retirement System is available to me as a municipal employee. Further I understand that if I am interested in joining the retirement system, I must file an application with the Payroll Department.

I acknowledge that I am requesting permission to work as a seasonal or part-time employee, and therefore will be restricted in the duration of my employment or number of hours I may be permitted to work. I acknowledge that I am not entitled to any benefits through this employment, including Medical Insurance, Dental Insurance, holiday pay, and other special entitlements, and hereby waive any claim to such benefits. I am not claiming any rights or benefits of a full-time employee of the City of Long Beach.

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy & Program.

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

Applicant's Signature

Date

The City of Long Beach is an equal opportunity employer.

Return completed application, and all required paperwork, to:

Civil Service (Room 504)
1 West Chester Street
Long Beach, NY 11561

Phone: 516-431-1000 x7214 Fax: 516-897-5669

www.longbeachny.gov

LONG BEACH LIFEGUARD BEACH PATROL

SUMMER OF 2020 MEDICAL FORM

NAME _____ SOCIAL SECURITY _____

PERMANENT ADDRESS _____
Number Street

CITY/TOWN _____ STATE _____ ZIP _____

EYE EXAMINATION

UNCORRECTED		CORRECTED		ENTER BEST VISION SCORE
L R		L R		(SNELLEN) WITH AND WITHOUT
				CORRECTIVE LENSES

	NORMAL	ABNORMAL	REMARKS
HEAD			
EYES-NOSE-THROAT			
THORAX			
CARIOVASCULAR			
ABDOMEN-HERNIA			
EXTREMITIES			
SKIN			

HEARING STANDARDS: Hearing loss in either ear does not exceed 25 db between 5000 and 2000 Hz, 40 db at 3000 Hz and 45 db at 4000 Hz without correction. **PASS** _____ **FAIL** _____

BLOOD PRESSURE _____ **PULSE** _____ **HEIGHT** _____ **WEIGHT** _____

1. Is the above taking, or is required to take, daily medications which would prevent him/her from performing, in a reasonable manner, the activities of a lifeguard?
 _____ YES _____ NO
2. Is the above taking, or is required to take, daily medications which would prevent him/her from performing, in a reasonable manner, the activities of a lifeguard should they fail to take such medications? _____ YES _____ NO

IF ANSWER IS "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON BACK

ON THE BASIS OF YOUR EXAMINATION, DO YOU RECOMMEND THAT THIS APPLICANT BE CONSIDERED FOR THE POSITION OF LIFEGUARD? _____ YES _____ NO

THE PATIENT DESCRIBED ABOVE HAS BEEN EXAMINED BY ME OR UNDER MY DIRECT SUPERVISION WITHIN THE PAST 6 MONTHS AND THIS REPORT HAS BEEN COMPLETED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT.

PHYSICIAN 'S NAME _____
PRINT SIGNATURE

ADDRESS _____
NUMBER STREET TOWN/CITY STATE ZIP

TELEPHONE _____ LICENSE # _____ DATE OF EXAM _____

LONG BEACH LIFEGUARD PATROL

516-431-1810

From: Chief Paul Gillespie

March 25, 2020

To: All returning personnel

Re: Please complete document and return this form to my email at gman51650@yahoo.com only if you are **NOT** returning for the 2020 season.

*****Please return form by May 1st, 2020.**

**I DO NOT INTEND TO RETURN TO THE LONG BEACH LIFEGUARD
PATROL FOR THE SUMMER OF 2020**

NAME: _____

SIGNATURE: _____

DATED: _____

REV.3/20