

# LONG BEACH LIFEGUARD PATROL

CITY HALL  
LONG BEACH, NY 11561



516-705-7260 (OFF SEASON) 516-431-1810 (SEASON)

## LONG BEACH LIFEGUARD OCEAN PATROL JOB APPLICATION

**(ONE DAY ONLY!...No Exceptions or Make Ups)**  
**TEST FOR APPLICANTS – Wednesday, July 22, 2020 @ 7:30am**  
7:15 A.M. Report to Long Beach Recreation Pool for Check In

**Please be advised, we will only be hiring “10” rookie lifeguards to the Beach Patrol this summer! THIS IS A COMPETITIVE TEST AGAINST OTHER APPLICANTS IN ORDER TO QUALIFY TO WORK THE BEACH PATROL AND IS NOT COVERED UNDER CIVIL SERVICE PRACTICE OR REGULATIONS.**

Contained in the attached packet is all of the necessary information and forms for applicants interested in working for the City of Long Beach Lifeguard Beach Patrol. Please read and follow all directions carefully. ***It is the applicant's responsibility to see that all requirements are met.*** Only those applicants who file a complete and correct application will be allowed to take the test on **Wednesday, July 22, 2020!**

Completed applications are to be returned on or before **Tuesday, July 21, 2020** to:

**Long Beach City Hall  
Civil Service Office – 5<sup>th</sup> Floor  
One West Chester Street  
Long Beach, New York 11561**

**ALL FORMS ARE TO BE SUBMITTED TOGETHER!  
NO APPLICATIONS WILL BE ACCEPTED ON THE DAY OF THE TEST!**

If you should have any questions, please address all concerns to Civil Service Office

**THE TAKING OF THIS TEST IN NO WAY GUARANTEES A POSITION WITH THE LONG BEACH LIFEGUARD BEACH PATROL. CANDIDATES FROM THE LONG BEACH JUNIOR LIFEGUARD PROGRAM WILL RECEIVE PRIORITY DURING THIS HIRING PROCESS.**

**THIS IS NOT A CIVIL SERVICE TEST AND ALL HIRING IS AT THE DISCRETION OF THE CITY OF LONG BEACH!**



**LONG BEACH LIFEGUARD PATROL**  
CITY HALL  
LONG BEACH, NY 11561  
516-431-1810 (SEASON)

**DATE: Wednesday, July 22, 2020**

**TIME: Test start – 7:30AM**

**PLACE: Report @ 7:15AM to Long Beach Recreation Center Pool for ALL Swim test Events...followed by the 2 mile run, starting at National Blvd on the boardwalk. Rain or shine!**

**REQUIREMENTS:**

**MINIMUM AGE: Must be** 16 years of age prior to JUNE 15TH (first day Rookie employment with Working Papers.)

\*Must have or pass a Red Cross Lifeguard Training Course or equivalent before being hired by the City of Long Beach.  
(APPLICANT NEED NOT HAVE CERTIFICATION AT THE TIME OF THIS TEST)

\*Must pass a C.P.R./AED course prior to being hired by the City of Long Beach.

(APPLICANT NEED NOT HAVE CERTIFICATION AT THE TIME OF THIS TEST)

\*Must pass the Nassau County Lifeguard Test for Grade I and Grade III before being hired by the City of Long Beach.

(APPLICANT NEED NOT HAVE CERTIFICATION AT THE TIME OF THIS TEST)

***If any of the above certifications are failed, your employment with City of Long Beach Patrol is VOIDED!***

**NOTE:** APPLICANT MUST HAVE AMERICAN RED CROSS LIFEGUARD TRAINING CERTIFICATE OR EQUIVELANT OR MUST BE ENROLLED IN AN “LGT COURSE” ***PRIOR TO TAKING THIS TEST. THIS IS A NYS REQUIREMENT.***

**SCORING:** All events will be scored or judged by Long Beach Lifeguard Patrol Staff under the supervision of the Chief of Lifeguards and/or Supervising Lifeguards.

**TEST EVENTS:** Applicant must complete entire test on “TEST DAY”

1. 50 yard freestyle (must be crawl stroke; maximum time 35 seconds)
2. Front and Rear breaks, releases or escapes (Pass/Fail)
3. 200 yard freestyle continuous swim (must be crawl stroke; maximum time 2 minutes 55 seconds)...
4. 25 yard cross-chest carry with weighted dummy (Timed)
5. 25 yard cross-chest carry with active victim (Pass/Fail)
6. 2 mile run on the boardwalk (MAXIMUM TIME FOR THIS RUN IS 18 MINUTES). Bring running gear.(rain/shine)
7. An interview may be required of applicant with City Manager or Assistant City Manager or Chief/Asst.Chief of Lifeguards if needed.

**NOTE: NO SPECTATORS ALLOWED TO OBSERVE FROM THE POOL OR THE UPPER SEATING AREA**

**THIS IS NOT A CIVIL SERVICE TEST**

**CANDIDATES FROM THE LONG BEACH JUNIOR LIFEGUARD PROGRAM AND/OR LONG BEACH RESIDENTS WILL RECEIVE PRIORITY DURING THE HIRING PROCESS. APPLICANTS WILL BE HIRED ON AN AS NEEDED BASIS BY THE LONG BEACH LIFEGUARD BEACH PATROL.**



## IMPORTANT INFORMATION FOR APPLICANTS

1. Be sure to fill in all information on each of the forms.
2. BE SURE TO CHECK THE EYESIGHT REQUIREMENT- MINIMUM EYESIGHT IS 20/40 UNCORRECTED IN ONE EYE
3. The attached Nassau County Application for Approval of Lifeguard Qualifications Medical must be filled out by your physician.  
**Remember to have the Eye Examination!**
4. 2 Medical Forms are required...The City of Long Beach Medical must be filled out by your physician **AND** Nassau County Grade I medical form (can be downloaded from Nassau County website)
5. You must have VALID working papers if you are between the ages of 16 and 18.
6. You must have a Social Security Card prior to being considered for employment, please attach a copy with this application.
7. You **MUST** be available to train starting July 24th and that is including weekends! Missed time could void your employment!
8. **Parents & Applicants please read: By lifeguard union contract, you are expected to work FULL TIME! Please understand the importance of this! Other than weekly days off, Extended time off during the summer (ex. Family vacation, etc) WILL NOT be granted and WILL jeopardize your employment.**

I have read the above information concerning the requirements needed of applicants and understand fully what is expected.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**All applications are due in City Hall by Tuesday, July 21 2020 by 4:00 p.m.  
No late applications will be accepted!  
No applications will be accepted on the day of the test!**



**ATTACH  
1 PHOTO  
HERE**

**LONG BEACH LIFEGUARD BEACH PATROL  
2020 PERSONNEL APPLICATION**  
PLEASE PRINT ALL INFORMATION

**NAME** \_\_\_\_\_ **S.S. #** \_\_\_\_\_  
LAST FIRST

**ADDRESS** \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

**TELEPHONE** \_\_\_\_\_ **CELL #** \_\_\_\_\_  
(AREA CODE)

**WEIGHT** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **What date will you reach your 16<sup>th</sup> birthday?** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

**EDUCATION: WHAT GRADE WILL YOU BE FINISHING IN JUNE 2019?** \_\_\_\_\_

**JOB EXPERIENCES: PLEASE LIST MOST RECENT FIRST**

1. \_\_\_\_\_
2. \_\_\_\_\_

**DO YOU HAVE A VALID NASSAU COUNTY LIFEGUARD CERTIFICATION?**  
\_\_\_\_ YES \_\_\_\_ NO **IF YES, WHAT GRADE?** \_\_\_\_\_

**DO YOU HAVE A VALID CPR-FPR/AED CERTIFICATION?**  
\_\_\_\_ YES \_\_\_\_ NO **IF YES, WHEN DOES IT EXPIRE?** \_\_\_\_\_

**BE SURE TO ATTACH 1 PASSPORT SIZE PHOTO TO THIS FORM**

**REFERENCES:**

1. \_\_\_\_\_  
NAME PHONE

2. \_\_\_\_\_  
NAME PHONE

**Parent Signature Required** Please understand if hired, your child is expected to work the **entire** summer of 2020. No extended time off will be granted!

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **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 may 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** \_\_\_\_\_

# 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 (SNELLEN) WITH AND WITHOUT CORRECTIVE LENSES
L	R	L	R	

	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 \_\_\_\_\_