

**BOROUGH OF AVALON**  
**BEACH TAG INSPECTOR APPLICATION**

NAME: \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
If you are under the age of 18 years, please provide your date of birth: \_\_\_\_\_  
If offered employment, date you will be available for work: \_\_\_\_\_  
Date you expect to leave at the end of the season: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: ( ) \_\_\_\_\_  
~~SHORE~~ ADDRESS: \_\_\_\_\_  
SHORE TELEPHONE NUMBER: ( ) \_\_\_\_\_

COLLEGE OR HIGH SCHOOL: \_\_\_\_\_

ACTIVITIES/SPORTS PARTICIPATED IN: \_\_\_\_\_  
High School: \_\_\_\_\_  
College: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

Notice: All applicants who will be under the age of 18 years on their first day of work must, prior to starting work, provide the borough with a fully completed Employment Certificate (working papers) on the form required by the State of New Jersey. Applicants who fail to furnish the Employment Certificate will not be permitted to start work under any circumstances.

All new applicants for employment and returning inspectors must provide, at their own expense, a medical certification from a licensed physician certifying they are capable of safely performing the job of Tag Inspector before starting employment.

Please complete this form and return to me by May 1<sup>st</sup>. Thank you for your interest in our organization.

G. Murray Wolf, Captain-Avalon Beach Patrol  
3000 Dune Drive  
Avalon, New Jersey 08202