# Atlantic City

### Beach Patrol

Rod Aluise Superintendent and Chief

City Hall, Room 108 1301 Bacharach Blvd. Atlantic City, NJ 08401

#### **CANDIDATE FORM**

Full Name	Social Security #	
Address		
(street)	(city) (state) (zip)	
Telephone Date of Bi	rth Age	
Parent/Guardian Name		
Parent/Guardian Address		
Parent/Guardian Telephone Home	Work	
Are you a U. S. Citizen?		
School you attend(ed)	Grade/Level/Degree	
Have you served in the Military?	Branch	
Dates of Service		
Have you ever been charged or cited by any po	lice department or law enforcement	
agency? (If yes, explain on a		
This application is complete only by satisfying	the following requirements:	
1. You have a social security number	. T	
2. You attach an official copy of you		
3. You have signed and attached the		
4. Your parent or guardian has give	•	
for bounding and bearing and b		
The undersigned asks to be a candidate for em	nloyment on the Atlantic City Reach Patrol	
and will abide by the rules and regulations of t	•	
program as a condition of candidacy and emplo	•	
to this application are true and correct. After		
that I must be available and willing to attend the	· ·	
must satisfactorily complete all training as a pr	recondition of my employment.	
Applicant signaturePa	- ,	
· · · · · · · · · · · · · · · · · · ·	der 18	
Print Name		
	Date	

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#### WAIVER AND RELEASE

WHEREAS the undersigned, hereinafter "CANDIDATE", is interested in qualifying for a position on the Atlantic City Beach Patrol; and

WHEREAS, the CITY OF ATLANTIC CITY, hereinafter "CITY", is a Municipal Corporation and Body Politic of the State of New Jersey; and

WHEREAS, the CITY operates the Atlantic City Beach Patrol;

THEREFORE, the undersigned, voluntary, and without coercion, upon receipt of good and valuable consideration, receipt of which is hereby acknowledged, hereby waive all claims for damages or loss to my person and property, which may be caused by any act, or failure to act of the CITY, BEACH PATROL, and/or STATE, its officers, agents or employees. I assume the risk of all dangerous conditions in and about the beach and surf and waive any and all special notice of the existence of such conditions.

I have read this waiver, I understand its terms, and I sign it voluntarily and without coercion.

Candidate Signatur	e	,	*
•			
Address			
Date			
Parant/Guardian Si	ionatura		
Parent/Guardian Si (if applicant	_		

Phone: (609) 347-5312 • Email: raluise@cityofatlanticcity.org •