



# TOWN OF KILL DEVIL HILLS LIFEGUARD EMPLOYMENT APPLICATION

Return to: Assistant Town Manager  
P.O. Box 1719  
102 Town Hall Drive  
Kill Devil Hills, NC 27948  
(252) 449-5300

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**PERSONAL DATA:**

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Home phone/other number where you can be reached \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address: \_\_\_\_\_

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**REFERENCES:** List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT list supervisors you have listed elsewhere on this employment application.

Name, Occupation, and Address	Telephone	Years Known
	( )	
	( )	
	( )	

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**GENERAL INFORMATION:**

Do you currently work for the Town of Kill Devil Hills?  Yes  No

Are you a former employee of the Town of Kill Devil Hills?  Yes  No

If yes, please indicate dates of employment \_\_\_\_\_

Are you required under the Military Selective Service Act to present yourself for and submit to registration with the United States Military?  Yes  No

If so, have you complied with this requirement?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

Have you ever been convicted of a misdemeanor or a felony? (In North Carolina, a minor traffic offense not punishable by imprisonment is identified as an "infraction" and is not included in the question.)  Yes  No

If yes, please explain: \_\_\_\_\_

**NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid driver's license?  Yes  No

If yes, please indicate state and number \_\_\_\_\_

**LIFEGUARD EMPLOYMENT HISTORY:** Use a separate section for each year of ocean lifeguard experience (up to four previous years). Begin with your present or most recent position.

Employer	Address	Telephone (    )
Job Title	Name of Supervisor	Date Employed (mo/yr)
		Date Separated (mo/yr)

Employer	Address	Telephone (    )
Job Title	Name of Supervisor	Date Employed (mo/yr)
		Date Separated (mo/yr)

Employer	Address	Telephone (    )
Job Title	Name of Supervisor	Date Employed (mo/yr)
		Date Separated (mo/yr)

Employer	Address	Telephone (    )
Job Title	Name of Supervisor	Date Employed (mo/yr)
		Date Separated (mo/yr)

**Successful applicants must produce, for proof of identification, a driver's license and a social security card or a passport. A deposit slip or check from a current bank account for direct deposit of payroll earnings must also be submitted.**

**CERTIFICATE OF APPLICANT**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that the Town of Kill Devil Hills can change wages, benefits and conditions at any time.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read and understand the above.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_