



OCEAN CITY BEACH PATROL

Employee Agreement



Please provide all requested information with accuracy!

(PRINT)

Name: _____, _____, _____
(First) (Middle) (Last)

Future Plans:

Will you be attending school in the fall? YES NO UNDECIDED (If "YES," official verification must be provided)

If YES, Date School Starts: _____ Where? _____

If NO, what are your plans? _____

Concluding Work Date:

Will you be working Full Time until the end of the season (3rd Sunday after Labor day) YES NO
(This question is for planning purposes only and does not replace the "Concluding Date of Full Time Work" form.)

Will you be working Full Time until at least Labor Day Monday YES NO
(This question is for planning purposes only and does not replace the "Concluding Date of Full Time Work" form.)

If YES, what is the date of the last day you will work? _____

If NO, what is the date of the last day you will work? _____

Please explain why: _____

If you leave your Full Time position before the end of our season (3rd Sunday after Labor day)
Are you willing to work Part Time YES NO

SPECIAL NOTE:

Have you ever worked for the town of Ocean City, Maryland in any capacity prior to this employment?

YES NO

If YES, please be specific and list your previous employment experience in the area below.

AGREEMENT:

If appointed, I hereby agree to work from the date of acceptance until 5:30 PM on the last day I have indicated above. I shall file a "**Concluding Date of Full Time Work" Form**, including necessary documentation, with the Beach Patrol two (2) weeks prior to my last day of work.

My signature indicates that I have read the above Agreement, understand it, and do hereby agree to honor all terms set forth, and realize that failure to do so may result in a less than satisfactory final evaluation and/or immediate termination.

Signature of Applicant: _____ Date: _____