

# Atlantic City Beach Patrol



## CITY HALL

1301 BACHARACH BLVD., ROOM 108

ATLANTIC CITY, NJ 08401

Rod Aluise

Superintendent and Chief

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Assistant Chiefs

Robert Brown

Teroy Collins

March 23, 2006

Spring has sprung and it's time to get ready to return to the Beach Patrol for the summer of 2006. Bob Levy, our Chief for the past twenty-five years, has taken office as Mayor of Atlantic City and is busy improving and uniting our City. He will always be apart of our Beach Patrol and forever connected to us as an Atlantic City Lifeguard. He is not really that far away and we will see him on the beach this summer.

I am honored and pleased to announce to you that I have been appointed Chief of the Beach Patrol. I am looking forward to working with each of you to continue the high standards of lifesaving we have all set as well as maintaining our outstanding safety record that was established during Chief Levy's tenure.

Please read all of the following information carefully. There will be two changes to our reemployment procedures this year.

Physical examinations **WILL NOT BE** conducted by Reliance Healthcare. We are returning to **Health Med**. You may recall that our physicals were conducted there in 2004. Health Med is located at 24 S. South Carolina Avenue, Atlantic City, NJ. Free parking is available on site.

This year the qualifying one mile run, like the qualifying pool swim, will be completed **before** you report to work. Now is the time to begin to step up your training in preparation for a good run time. Scheduled dates and times for the run will appear below.

## **NECESSARY FORMS TO BE COMPLETED: Print in BLACK INK.**

- 1. APPLICATION: Fill out your application and sign your name when completed. If you are not returning to work this year, complete the "Leave of Absence" section at the very bottom of the form. Sign and return the leave request by mail to guarantee your position to return in 2007.**
- 2. RELEASE OF EMPLOYMENT: Fill in your name and date the Release of Employment form. This form must be signed and NOTARIZED.**
- 3. INCOME TAX: Fill out the W-4 Federal Income Tax Withholding Allowance form. Claim your number of allowances, date and sign. Please cut the form along the line indicated before returning.**

4. **Enclose all your completed forms in a BUSINESS LETTER SIZE envelope and mail to:**

**ATLANTIC CITY BEACH PATROL  
CITY HALL ROOM 108  
1301 BACHARACH BLVD.  
ATLANTIC CITY, NJ 08401**

**Please mail as early as possible. ALL FORMS ARE DUE BY MONDAY APRIL 24.**

**PHYSICAL EXAMINATIONS:** The exam will include vital signs, vision and hearing screens, a thorough skin inspection, urine drug and alcohol screen, and a PPD test for TB. Those over 40 years of age will have an EKG.

**NOTE: You must have your PPD results read within 48 to 72 hours after the test is performed. Therefore you must return to Health Med for that reading of results.**

If you leave this area after having the PPD test, you may have your results read by any physician or qualified nurse. You must fax your results on a healthcare professional's letterhead to **Health Med at 609-345-0182. NOTE: If you do not have your test read within the allotted time you must retest. A twenty-five dollar fee will be charged to retest for results. No one can be employed without PPD testing results.**

**SCHEDULING PHYSICAL EXAMINATIONS:** Review the dates and time slots below. Schedule your physical examination by leaving a voice mail at HQ **609-347-5304** or e-mail [raluise@cityofatlanticcity.org](mailto:raluise@cityofatlanticcity.org):

1. Clearly state your name on the voice mail.
2. Give only **ONE DATE, ONE DAY, AND ONE TIME** for your examination. If your selection does not fit, you will be called or e-mailed to select a new date and time.
3. State the phone number where you can be directly reached for rescheduling.
4. **SCHEDULE YOUR PHYSICAL NOW!**

**REMEMBER YOU MUST HAVE SATISFACTORILY COMPLETED YOUR PHYSICAL EXAMINATION BEFORE YOU TAKE YOUR RUN AND SWIM TEST.**

**PHYSICAL EXAM SCHEDULE:**

<b>DATE</b>	<b>DAY</b>	<b>TIME</b>
<b>3 MAY</b>	<b>WED</b>	<b>4:00-5:00 PM</b>
<b>6 MAY</b>	<b>SAT</b>	<b>9:00-1:30 PM</b>
<b>10 MAY</b>	<b>WED</b>	<b>4:00-5:00 PM</b>
<b>13 MAY</b>	<b>SAT</b>	<b>9:00-1:30 PM</b>
<b>17 MAY</b>	<b>WED</b>	<b>4:00-5:00 PM</b>
<b>20 MAY</b>	<b>SAT</b>	<b>9:00-1:30 PM</b>
<b>24 MAY</b>	<b>WED</b>	<b>4:00-5:00 PM</b>
<b>27 MAY</b>	<b>SAT</b>	<b>9:00-1:30 PM</b>
<b>31 MAY</b>	<b>WED</b>	<b>4:00-5:00 PM</b>
<b>7 JUN</b>	<b>WED</b>	<b>4:00-5:00 PM</b>

**After a satisfactory physical examination you may participate in the one mile run and pool swim time test.**

**QUALIFYING ONE MILE RUN:** All one mile runs will be conducted at Headquarters promptly at **8:30 AM** on the following Saturday mornings:

**MAY 13--- MAY 20--- MAY 27-- -JUNE 3---JUNE 10**

**QUALIFYING POOL SWIM:** All swimming sessions will be conducted at the Atlantic City High School Pool. You may report on any of the following days and times during the month of May. **YOU MUST HAVE A SATISFACTORY PHYSICAL BEFORE YOUR QUALIFYING SWIMMING TRIAL. Time trials will be held on the following days and times.**

Every Friday            4:00 –6:00 PM  
Every Saturday        10:00-12:30 PM

You may train in the ACHS pool Monday through Friday 4:00 – 6:00 PM throughout April and May.

**UNIFORMS:** Call Headquarters in May to set up a time to have your uniform checked and to receive new uniform issues.

**OPENING DAY:** The season begins on Saturday May 27, 2006. Lifeguards and officers who plan to be employed on the first day must have satisfactorily completed all reemployment requirements. You must be available for a full time employment schedule. **You are required to report for duty on every scheduled work day.** All officers and lifeguards who will start work on opening day will report to Headquarters on Friday May 26, 2006 prior to 10:00 AM for a preseason meeting and to receive their duty assignments.

**LATER EMPLOYMENT:** As in past years, it is likely that we will not open additional beaches until after the second week in June. All additional reemployment assignments will be made on Fridays at Headquarters. Sign in before 10:00 AM. Report to your duty assignment before 10:00 AM that following Saturday. Additional beaches will be opened and staffed as the season progresses with consideration to weather, ocean conditions, and public safety needs. Please come to headquarters periodically or telephone to inquire about upcoming staffing plans.

We look forward to hearing about your plans for the coming summer. Please make every effort to state your **actual date** of availability. Please notify us very early if you are taking a Leave of Absence. The accuracy of your information is critical to planning staffing needs throughout the summer. Complete and return your application and all enclosed forms as quickly as possible. **Remember the closing date is Monday April 24<sup>th</sup>.**

I am certain that you are anxious to begin another season. We are looking forward to hearing from you soon and hope to see you in the coming weeks. You are welcome to call or stop in at any time.

As you prepare for your return to the Beach for another eventful and exciting summer, please be mindful of our mission to public safety and public service. The **Atlantic City Beach Patrol** has an unparalleled lifesaving tradition and safety record. I certain we all want to safeguard that hard earned tradition and record. Let's be mentally and physically prepared to ensure that we will maintain and continue our successes this summer.

Mayor Levy and I wish each of you the very best for a safe and successful season of ocean lifeguarding this year. We thank you for your dedication to the professional job you do every day protecting the beaches of Atlantic City and watching over our local citizens and our visitors. Good luck to all and keep training.

Yours in lifeguarding,



Rod Aluise, Superintendent and Chief

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Assistant Chiefs  
Robert Brown  
Teroy Collins

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

(PLEASE PRINT)

( ) Check here if this is a new address or telephone number

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

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of Birth: \_\_\_\_\_ White \_\_ African American \_\_ Hispanic \_\_ Asian \_\_ Other \_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ U. S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Marital Status: \_\_\_\_\_ Number of Tax Exemptions: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, explain on back of form.

Highest Education Level Completed: \_\_\_\_\_ School: \_\_\_\_\_

Date available for work: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Available until: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (If not until Labor Day)

I affirm that, to the best of my knowledge and belief, all the information that is provided by me on this application is true. I affirm that I will abide by the rules and regulations of the Atlantic City Beach Patrol. I understand that I cannot be sworn in as a special officer if I have a criminal record. If under the age of 18, I must submit working papers, and if employed, be limited to 40 hours of work per week. I affirm that I am physically fit to perform the duties of the position appointed. I understand that any person who acquires a position on the ACBP by false representation shall be dismissed from service on proof thereof.

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

### LEAVE OF ABSENCE (Two Year Limit)

I request a Leave of Absence for this season so that my name may be continued on the active roster.

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

RELEASE OF EMPLOYMENT

THIS AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 19\_\_  
by and between (NAME) referred to as "I" and  
the City of Atlantic City, New Jersey referred to as "City".

1. I authorize the Atlantic City Police Department to conduct a full investigation into my background and activities. I authorize the release of any and all information necessary to enable the Atlantic City Police Department to conduct said investigation.
2. I release and give up any and all claims and rights to employment which I may have against the City should I fail the background check or physical examination once employment has commenced.
3. I understand and agree to the terms of this Release.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Position Held

Subscribed and Sworn to  
before me this \_\_\_\_ day  
of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

# Form W-4 (2006)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: {

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit):

- If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2006</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)