



Dear Lifeguard Candidate:

NYS Department of Environmental Conservation (DEC) lifeguards are an asset to our Recreation Program, and we thank you for your interest in becoming part of our team!

This package contains the qualifications for lifeguard employment and information regarding the 2025 lifeguard qualifying exams, as well as a list of DEC Day Use Areas with lifeguarded beaches.

Beginning this season, the DEC will no longer be administering lifeguard qualifying exams. Rather, the DEC has enlisted the assistance of the Office of Parks, Recreation & Historic Preservation (OPRHP) to provide qualifier exams across New York State. DEC Candidates are required to pre-register for qualifiers. If after registration you are unable to attend, it is asked that you notify OPRHP as soon as possible to allow others the opportunity to participate. OPRHP reserves the right to cancel any qualifier and will make every attempt to notify candidates in a timely manner.

All NYS lifeguard candidates must qualify annually. Pre-registration is required. A list of 2025 qualifier dates, locations and pre-registration contacts can be found on OPRHP's website: <https://parks.ny.gov/employment/lifeguards/exam-dates.aspx>. This list is also included in the package for your reference.

Reminders:

- All candidates will be required to show photo identification at the qualification site prior to participating in the qualifying process.
- Please bring your pocket mask. The use of a pocket mask and one-way valve is required for the CPR section.
- In addition to qualifying and attending orientation, candidates must provide proof of acceptable waterfront lifeguarding certifications before employment begins. Please review the Lifeguard Employment Qualifications section of this package.
- Candidates must be a minimum of 15-years of age at the time of employment. After receiving a conditional offer of employment, each candidate will be required to submit a current DEC "Medical Standards for Lifeguards" form. As per the DEC standard, lifeguard candidates must meet the vision requirement of 20/70 uncorrected in both eyes and be correctable to 20/40.

General information and questions regarding waterfront safety and lifeguarding can be directed to DEC at 518-457-2500 or at info.lifeguard@dec.ny.gov

Sincerely,
NYS DEC Recreation Program

NYS DEC Lifeguard Employment – Commonly Asked Questions

Q: WHAT IS A LIFEGUARD QUALIFYING EXAM AND HOW MUCH DOES IT COST?

A: The qualifier consists of two parts; a CPR component and a water skills evaluation (see the Lifeguard Qualifying Exams Information portion of this package for specifics). Each qualifier allows candidates one attempt at the water skills evaluation and two attempts at the CPR component. Both parts must be passed to be eligible for employment. Should a candidate not pass the water skills and/or CPR section(s) at a single location, they will need to pre-register/attend a separate qualifier. Candidates will only be required to retake the section(s) in which they were unsuccessful. Candidates are permitted multiple attempts to qualify. There is no fee to take the qualifier.

Q: WHERE ARE THE QUALIFIERS HELD AND HOW DO I REGISTER?

A: A list of 2025 qualifier dates, locations and pre-registration contacts can be found on OPRHP's website: <https://parks.ny.gov/employment/lifeguards/exam-dates.aspx>. This list is also included in the package for your reference. Candidates will need to be prepared to be in the water and will also need to bring a CPR resuscitation mask with a one-way valve.

Q: I'M A RETURNING LIFEGUARD, DO I STILL NEED TO TAKE THE QUALIFIER?

A: Yes, to be eligible for employment, all NYS lifeguard candidates (returning or new) must qualify annually.

Q: I AM NOT CURRENTLY CERTIFIED AS A LIFEGUARD BUT WILL BE COMPLETING A LIFEGUARD CERTIFICATION COURSE BEFORE THE SUMMER. AM I ABLE TO START THE APPLICATION/QUALIFICATION PROCESS PRIOR TO HAVING THE CERTIFICATIONS?

A: Yes. You do not need current lifeguard certification to participate in the qualifying procedure or to submit your application.

Q: I HAVE NOT TURNED 15 YEARS OF AGE YET. CAN I STILL PARTICIPATE IN THE QUALIFYING PROCEDURE?

A: Yes. If you will be turning 15 prior to the first day of employment, you may participate in the qualifier.

Q: I HAVE CURRENT LIFEGUARD CERTIFICATION; DO I STILL NEED TO TAKE THE QUALIFIER?

A: Yes. The NYS qualifier is a pre-requisite for NYS lifeguard employment. The qualifier and lifeguard certification are two different things; both are required for lifeguard employment eligibility.

Q: I HAVE SUCCESSFULLY COMPLETED THE NYS QUALIFYING PROCEDURE AND HAVE COMPLETED THE EMPLOYMENT APPLICATION, WHAT'S NEXT?

A: Please submit your application to the DEC's Albany Central Office at info.lifeguard@dec.ny.gov. Please be sure to include your desired work location on your application. Regional DEC staff will schedule and conduct interviews with qualified candidates. Once a conditional offer of employment has been extended, candidates will be required to submit a "Medical Standards for Lifeguards" form completed by your physician as well as current certifications.

Still have questions regarding waterfront safety/or and lifeguarding?

Contact the DEC at 518-457-2500 or at info.lifeguard@dec.ny.gov.

DEC Lifeguard Employment Qualifications

1. Minimum of 15 years of age at time of employment. At the time of employment, all candidates must possess acceptable and current certifications in the following American Red Cross courses (or equivalent):
 - a. CPR/AED for the Professional Rescuer- as per the NYS Department of Health requirement, CPR/AED certifications are only recognized for a period of 1-year for lifeguards regardless of the expiration date listed on your certification.
 - b. Lifeguarding with the Waterfront Skills Module - 2-year certification validity.
 - c. First Aid (if not included in the lifeguard training course material) - 2-year certification validity.

All certifications **MUST REMAIN CURRENT** through the entire operating season.

2. All candidates must successfully complete a lifeguard qualification exam. Beginning this season, the DEC will no longer be administering lifeguard qualifying exams. Rather, the DEC has enlisted the assistance of the Office of Parks, Recreation & Historic Preservation (OPRHP) to provide qualifier exams across New York State. Pre-registration is required. A list of 2025 qualifier dates, locations and pre-registration contacts can be found on OPRHP's website: <https://parks.ny.gov/employment/lifeguards/exam-dates.aspx>. This list is also included in the package for your reference.

At time of pre-registration:

- a. Give your name, a telephone number at which you can be reached, the date and location of the qualifying procedure you wish to attend, and your desired work location (be sure to indicate you wish to work for DEC).
- b. Document this information in your personal records. If after registration you are unable to attend, it is asked that you notify OPRHP as soon as possible to allow others the opportunity to participate.

OPRHP reserves the right to cancel any qualifier and will make every attempt to notify candidates in a timely manner. You will NOT be called to remind you of the qualifying exam. It is your responsibility to attend and be on time.

3. Each candidate will be required to submit a current New York State Department of Environmental Conservation "Medical Standards and Examination Findings" form with a physician's certification that the candidate is physically capable of performing lifeguard duties. **As per the DEC standard, lifeguard candidates must meet the vision requirement of 20/70 uncorrected in both eyes and be correctable to 20/40.** Candidates tested at a vision level below 20/40 in either one or both eyes must correct to a minimum of 20/40 with 20/20 preferred.

All medical records will be held in confidence.

4. All hired lifeguards will be required to attend a one-day lifeguard orientation program (date(s) and location(s) to be determined).

DEC Lifeguard Hiring Process Instructions & Checklist

To be considered for lifeguard employment with the DEC, candidates must:

- Register for a Lifeguard Qualifying Examination. Be sure to document the information for qualifier for your personal records. If after registration you are unable to attend, notify OPRHP as soon as possible.
- Bring photo identification and a pocket mask with a one-way valve for the CPR section to the Qualifying Examination (masks will **not** be provided to candidates).
- Pass both parts (Water Skills and CPR Skills) of the Lifeguard Qualifying Examination.
- The following forms are required from all candidates prior to start of employment (included in packet):
 - DEC Seasonal Employment Application
 - DEC Lifeguard Medical Packet
 - DEC HBV Declination Form
 - Lifeguard Candidate Inquiry Form (details related to availability & uniforms)
- Once complete, return all above paperwork to:

NYSDEC
Attn: Recreation/Lifeguarding
625 Broadway, 3rd Fl.
Albany, NY 12233-5253
or
info.lifeguard@dec.ny.gov

If you have questions regarding lifeguard housing, site accommodations, or questions specific to the day use facility at which you would like to work, please call the Regional Contact listed on the "DEC Day Use Areas with Lifeguarded Beaches" page of this package

Lifeguard Qualifying Examination Information

- The qualifying process consists of two (2) sections:
 - A three (3) event practical demonstration of lifesaving skills (water test section).
 - A practical demonstration in cardiopulmonary resuscitation (CPR) skills (CPR test section).
- Each event will be evaluated on a PASS or FAIL basis and all events in each section must be completed on the same day for that section to qualify as a pass.
- Candidates must pass both sections to be eligible for employment.
- Candidates may participate at any scheduled qualifier exam site.
- All skills are evaluated using the current standards of the American Red Cross.
- Candidates will have unlimited attempts to pass each section; however, each candidate will have only one attempt at the water section and two attempts at the CPR section per day at scheduled sites. A candidate will be permitted to reattempt one event per day as part of the qualifying exam.
- Candidates may wear goggles for the 200-yard swim, 50-yard sprint, and underwater events.
- All cell phones must be turned off and put away during the qualifying exam. All spectators must be separate from candidates and photography, or video recording is not permitted without prior approval. Those needing to use a cell phone must leave the pool to do so.
- Sideline coaching and/or lap counting is not permitted. This qualifying exam is designed to evaluate individual skills, endurance, and reasoning ability. Candidates should listen closely and follow directions.
- All jewelry (includes earrings, necklaces, piercings, etc.) MUST be removed or taped to prevent injury.
- Candidates MUST bring their own pocket mask and utilize a one-way valve.
- Feet first entries are mandatory with the exception of the 200-yard and 50-yard events.
- If a candidate does not understand any part of the qualifying process, they should ask for clarification.

Water Test Section

Candidates will be permitted 5 minutes to warmup and familiarize themselves with the pool.

The starting procedure that will be used for the 200- and 50-yard timed events will then be explained.

1. 200-YARD SWIM

- Candidates will dive from the deep end pool deck and swim 200 yards in four (4) minutes or less.
- Extra laps or lengths will be considered a failure.
- Only the front crawl or breaststroke are permitted.
- Any stopping or standing is a failure. Do not stand or push off the pool bottom, continuous swimming is required.
- Any type of turn is acceptable.

2. 20-YARD UNDERWATER SWIM AND BRICK RECOVERY

- Stand or tread water **at the location indicated by the examiner**. The brick will be thrown when you are in position and facing the deep-water end wall.
- Candidate must start immediately, using any form of plunge, upon hearing the whistle blown by the examiner.
- Candidate will swim 20 yards underwater following the bottom contour of the pool, simulating an underwater search for a victim. You must touch the deep end wall before surfacing. Breaking the surface of the water with any part of the body before the end wall is touched will be considered an immediate failure.
- After touching the deep end wall, surface, take a breath and immediately swim away from the wall and perform a surface dive to recover a 10-pound diving brick.
- **DO NOT PUSH OFF THE WALL AND DO NOT HANG ONTO THE WALL.**
- Two surface dive attempts are allowed for the brick recovery.
- Pushing off the bottom after recovering the brick is acceptable.
- Upon surfacing, the candidate will swim back to the shallow end of the pool without walking. Candidates must swim either on their side with the brick **on their hip** or swim on their back with the brick **on their torso**, simulating a victim carry. The brick must be secured by at least one hand at all times. Underwater swimming while carrying the brick or holding the brick underwater will not be permitted. If the brick is dropped once during the swim, immediately recover the brick, and continue the carry. Dropping the brick a second time will be considered a failure.
- Candidates must swim to and touch the shallow end wall before standing up. The event will conclude when the candidate places the brick on the deck at the point where the swim concluded.
- Candidates will fail for not immediately following verbal instructions from an examiner.
- Reminder: Do not take deep breaths before underwater swimming - take no more than 3 or 4 short breaths prior to swimming underwater to avoid shallow water blackout.
- Goggles may be used for this event.

3. 50-YARD SPRINT

- Candidate will dive from the pool deck and swim 50 yards in **45 seconds** or less.
- The only strokes allowed are the front crawl or the breaststroke.
- Any type of turn is acceptable.
- Continuous swimming is required. Do not stand or push off the bottom of the pool.

4. REAR CARRY WITH RESCUE TUBE

- Candidates will start from the shallow end of the pool with their backs against the wall (or other designated starting point), holding a rescue tube and looking down the pool at the examiner. The examiner, who will be in deep water, will signal that the event is to begin and then begin struggling as an active victim in need of rescue. Candidates should immediately react to the struggling “victim”.
- Candidates will swim quickly to the examiner and make a REAR APPROACH, making contact by using the Active Victim Rear Rescue technique.
- As the candidate approaches, the Technician will turn and present their back for the carry when and if the candidate demonstrates they are in a proper ready position.
- The candidate must use only the double armpit towing technique for an active drowning victim. Using ONE arm to stroke will not be accepted.
- Once the examiner is correctly placed upon the rescue tube the candidate will tow the examiner back to the starting point until the examiner taps out.
- The examiner will end the event if forward progress ceases. The candidate may not stand or walk at any time while "towing" the examiner.
- The examiner's face must be maintained above the water at all times. The examiner may begin struggling if their face goes underwater or if the carry is ineffective.
- If the examiner slips off the tube, the candidate must immediately position the examiner back onto the tube and continue the tow. The candidate will fail if the examiner slips off the tube a SECOND TIME.
- Deviation from published procedures resulting in abuse or injury to the examiner will result in FAILURE.

TAP OUT

A candidate may end the attempt for any reason by “tapping out”. If tapped, the Technician will stop the rescue and provide any assistance as needed. This will be considered a failure.

In the event a Technician needs to “tap out”, the candidate will release the Technician and back away. If the Technician “taps out”, through no fault of the candidate, the candidate will be permitted to either restart or continue the event based on the discretion of the Technician. Note: This does not affect a candidate who has failed to meet the standards of the event.

Cardiopulmonary Resuscitation (CPR) Test Section

A candidate will be permitted to continue the CPR event into a compression cycle even when they have received a "Fail" for a previous step. This will allow the Technician to provide additional feedback to the candidate on items such as, but not necessarily limited to, the pulse check and compression cycle. Items past the initial point of failure will not be evaluated as a Pass or Fail on the candidate form.

Candidates will be evaluated based on the current standards of the American Red Cross CPR/AED for the Professional Rescuer.

THE USE OF A POCKET MASK IS REQUIRED. A one-way valve should be used for the event. Candidates must bring their own pocket mask. **EXTRA MASKS WILL NOT BE PROVIDED AT THE QUALIFIER SITES.**

- Candidates will have at least one minute to practice on the manikin on which they will be evaluated. If there is a problem with the manikin, please notify the Technician before the evaluation begins.
- Each candidate must demonstrate competency in CPR by performing "professional level" one rescuer adult CPR for a suspected drowning victim.
- Once you begin, DO NOT STOP until told to do so by the examiner.
- Candidates must:
 1. Establish unresponsiveness.
 2. Establish an adequate airway and check for breathing and pulse for 5 to 10 seconds.
 3. Provide proper ventilations with a pocket mask.
 4. Perform the correct ratio for one rescuer CPR. Each set of 30 compressions must be done between 14 - 19 seconds with the proper hand position. Compressions must be of the correct depth.

Cleaning Procedures: It is asked that candidates clean the manikins after performing CPR by wetting the manikin's mouth, nose, and face using the supplied materials and solution. The manikin's face should remain wet for at least 1 minute before wiping it dry with a clean pad. Each candidate may repeat the process, if so desired, when they arrive at the manikin.

NYS OPRHP and DEC are committed to safety. The use of a pocket mask combined with the cleaning procedures outlined above should be sufficient. A new "lung" will be provided prior to your practice time if requested.

DEC Day Use Areas with Lifeguarded Beaches

| Region/Facility | Location | County |
|---|--|----------|
| <i>Region 5 Warrensburg – 518-623-1251 June VanHeusen june.vanheusen@dec.ny.gov</i> | | |
| Lake George Beach DUA | U.S. Route 9, ¼ mile east of Lake George Village | Warren |
| <i>Region 6 Herkimer – 315-942-2211 ext. 200 Jeff Abrial – jeffrey.abrial@dec.ny.gov</i> | | |
| Hinckley Reservoir DUA | Off Route 365, 5 miles east of Hinckley | Herkimer |

Housing or site accommodations may be available for employees at nearby locations.

2025 Lifeguard Qualifying Examination Dates and Locations

All qualifying exams begin promptly and on time. Late arrivals will not be accepted.

OPRHP reserves the right to cancel any qualifier and will make every attempt to notify candidates in a timely manner.

| Date/Time | Location/Address | Geographic Region | Pre Registration Contact |
|---------------------------|---|------------------------------|--|
| Sat. Feb. 15 @ 9:30 am | Pulaski High School 4624 Salina St. Pulaski, NY 13142 | Central | Olivia Smith (315) 479-3258 |
| Sat., Feb. 22 @ 9:30 AM | Salamanca High School 50 Iroquois Drive Salamanca, NY 14779 | Allegany | Latisha White (716) 379-6208 |
| Sat., Mar. 8 @ Noon | N Rockland High School 196 Hammond Rd. Thiells, NY 10984 | Palisades | Andrew Nielsen (845) 271-5738 |
| Sat., Mar. 15 @ 9:30 AM | Dunkirk High School 630 Marauder Dr. Dunkirk, NY 14048 | Allegany | Latisha White (716) 379-6208 |
| Sat., Mar. 15 @ 8:30 AM | Lehman College 250 Bedford Park Blvd Bronx, NY 10468 | New York City | Darren Green (212) 694-3640 |
| Sat., Mar. 22 @ 10:00 AM | Lewiston-Porter High School 4061 Creek Rd. Youngstown, NY 14174 | Niagra | Helen Drzymala (716) 339-5974 |
| Sat., Mar. 22 @ 9:00 AM | Letchworth Central School 5550 School Rd. Gainesville, NY 14066 | Genesee | Hillary Acomb (585) 493-3625 |
| Sat., Mar. 29 @ 9:30 AM | Canajoharie Elem./Middle School 25 School District Rd. Canajoharie, NY 13317 | Central | Olivia Smith (315) 479-3258 |
| Sat., Apr. 5 @ 9:00 AM | Odessa-Montour 300 College Ave. Odessa, NY 14869 | Finger Lakes | Kaitlin Crane (607) 387-7041 x106 |
| Sat., Apr. 5 @ 9:00 AM | Monroe Woodbury Middle School 199 Dunderberg Rd. Central Valley, NY 10917 | Palisades | Andrew Nielsen (845) 271-5738 |
| Sat., Apr. 5 @ 9:00 AM | Indian River Middle School 32735A County Rt. 29 Philadelphia, NY 13673 | Thousand Islands | MaryAnn LaClair-Nelson (315) 482-2593 |
| Sat., Apr. 5 @ 9:00 AM | Jamesville/DeWitt Middle School 6280 Randall Road Jamesville, NY 13078 | Central | Olivia Smith (315) 479-3258 |
| Sat., Apr. 12 @ 9:30 AM | Salamanca High School 50 Iroquois Drive Salamanca, NY 14779 | Allegany | Latisha White (716) 379-6208 |
| Sat., Apr. 12 @ 9:30 AM | Chazy Central Rural School 609 Miner Farm Road Chazy, NY 12921 | Thousand Islands | MaryAnn LaClair-Nelson (315) 482-2593 |
| Sat., Apr. 12 @ 10:00 AM | SUNY Oneonta 108 Ravine Parkway Oneonta, NY 13820 | Central | Olivia Smith (315) 479-3258 |
| Sat., Apr. 12 @ 9:00 AM | Brockport High School 40 Allen St. Brockport, NY 14420 | Genesee | Hillary Acomb (585) 493-3625 |
| Tues., Apr. 15 @ 10:00 AM | Lewiston-Porter High School 4061 Creek Rd. Youngstown, NY 14174 | Niagra | Helen Drzymala (716) 339-5974 |
| Sat., April 19 @ 8:30 AM | Lehman College 250 Bedford Park Blvd Bronx, NY 10468 | New York City | Darren Green (212) 694-3640 |
| Sat., April 19 @ 9:30 AM | Taconic Hills High School 73 County Rt. 11A Craryville, NY 12521 | Taconic | Pat Philpbar (845) 889-3815 |
| Sat., April 26 @ 9:00 AM | Ballston Spa High School 220 Ballston Ave. Ballston Spa, NY 12020 | Saratoga/Capital District | Mike Trunkes (518) 584-2000 x252 |
| Sat., April 26 @ 9:00 AM | Monroe Woodbury High School 199 Dunderberg Rd. Central Valley, NY 10917 | Palisades | Andrew Nielsen (845) 271-5738 |
| Sat., April 26 @ 9:30 AM | Greene Central Jr/Sr High School 40 S. Canal St. Greene, NY 13778 | Central | Olivia Smith (315) 479-3258 |
| Sat., May 3 @ 9:30 AM | Gouverneur Jr/Sr High School 133 E. Barney St. Gouverneur, NY 13642 | Thousand Islands | MaryAnn LaClair-Nelson (315) 482-2593 |
| Sun., May 4 @ 9:30 AM | Holland Patent High School 8079 Thompson Rd Holland Patent, NY 13354 | Central | Olivia Smith (315) 479-3258 |
| Fri., May 9 @ 5:00 PM | Hamburg Middle School 360 Division St Hamburg, NY 14075 | Niagara | Helen Drzymala (716) 399-8515 |
| Sat., May 10 @ 9:00 AM | Odessa-Montour 300 College Ave. Odessa, NY 14869 | Finger Lake | Kaitlin Crane (607) 387-7041 x106 |
| Sat., May 10 @ 9:30 AM | Jamesville-DeWitt Middle School 6280 Randall Road Jamesville, NY 13078 | Central | Olivia Smith (315) 479-3258 |
| Sat., May 10 @ 9:00 AM | Letchworth Central School 5550 School Rd. Gainesville, NY 14066 | Genesee | Hillary Acomb (585) 493-3625 |

| Date/Time | Location/Address | Geographic Region | Pre Registration Contact |
|-------------------------|--|---------------------------|--|
| Sat., May 10 @ 9:30 AM | Taconic Hills High School 73 County Rt. 11A Craryville, NY 12521 | Taconic | Pat Philpbar (845) 889-3815 |
| Sat., May 10 @ 9:00 AM | Ballston Spa High School 220 Ballston Ave. Ballston Spa, NY 12020 | Saratoga/Capital District | Mike Trunkes (518) 584-2000 x252 |
| Sat., May 10 @ 2:00 PM | Kip's Bay Boys and Girls Club 1930 Randall Ave. Bronx, NY 10473 | New York City | Darren Green (212) 694-3640 |
| Sat., May 17 @ 9:00 AM | Ballston Spa High School 220 Ballston Ave. Ballston Spa, NY 12020 | Saratoga/Capital District | Mike Trunkes (518) 584-2000 x252 |
| Sat., May 17 @ 9:30 AM | Mildred Strang 2701 Crompond Rd. Yorktown Heights, NY 10598 | Taconic | Pat Philpbar (845) 889-3815 |
| Sat., May 17 @ 9:00 AM | Monroe Woodbury High School 199 Dunderberg Rd. Central Valley, NY 10917 | Palisades | Andrew Nielsen (845) 271-5738 |
| Sat., May 17 @ 9:30 AM | Thousand Islands High School 8481 County Rt. 9 Clayton, NY 13624 | Thousand Islands | MaryAnn LaClair-Nelson (315) 482-2593 |
| Sun., May 18 @ 8:30 AM | Kip's Bay Boys and Girls Club 1930 Randall Ave. Bronx, NY 10473 | New York City | Darren Green (212) 694-3640 |
| Sun., June 1 @ 8:30 AM | Kip's Bay Boys and Girls Club 1930 Randall Ave. Bronx, NY 10473 | New York City | Darren Green (212) 694-3640 |
| Fri., June 6 @ 4:30 PM | Southern Cayuga High School 2384 New York 34B Aurora, NY 13026 | Finger Lakes | Kaitlin Crane (607) 387-7041 x106 |
| Sat., June 7 @ 9:30 AM | South Jefferson High School 11060 US Route 11 Adams, NY 13605 | Thousand Islands | MaryAnn LaClair-Nelson (315) 482-2593 |
| Sat., June 7 @ 9:00 AM | Albany Academy 135 Academy Rd. Albany, NY 12208 | Saratoga/Capital District | Mike Trunkes (518) 584-2000 x252 |
| Sun., June 8 @ 9:00 AM | Brockport High School 40 Allen St. Brockport, NY 14420 | Genesee | Hillary Acomb (585) 493-3625 |
| Sat., June 14 @ 9:00 AM | Monroe Woodbury High School 199 Dunderberg Rd. Central Valley, NY 10917 | Palisades | Andrew Nielsen (845) 271-5738 |

The NYS Department of Environmental Conservation and Office of Parks Recreation and Historic Preservation are equal opportunity employers.



EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

New York State (NYS) is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Trimelle Andrews, Equal Opportunity Specialist, (518) 402-9329.

IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the **ADDITIONAL REMARKS** section. Applicants may be required to complete additional components of the Employment Application as directed by the hiring agency. After the interview process, Applicants must complete either Part 2 or Part 2A of the New York State Employment Application, as directed by the appointing agency.

Name: _____
Last First MI XXX/XX/_____
SSN (last 4 digits only)

Current Mailing/Street Address: _____
NYS EMPLID (if assigned)

City State Zip Code

County of Residence: _____
Area Code/Home Phone

Email Address: _____

Permanent Street Address (if different from above): _____
Area Code/Business Phone

List any other names by which you have been known (including nicknames): _____
Area Code/Cell Phone

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes No
- b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes No
- c. If under age 18, can you provide a work permit? Yes No N/A

POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

- 2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview. **If you are required to possess a driver license for the position you are applying for, please complete the following questions:**

- a. **Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State?** Yes No
- b. If yes, please select your license class: A B C D E Other (specify) _____
Licensing State: _____ License Number: _____ Expiration Date: _____
- c. **For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:**

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

- 3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:

- a. **Name of Trade or Professional License/Certificate:** _____
Type/Specialty: _____ **Issued By:** _____
License No.: _____ **Issue Date:** _____ **Expiration Date:** _____
Registration Date: _____ **Registration Expiration Date:** _____
- b. **Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration?** Yes No N/A
- c. **Has your license/certification/registration ever been suspended or revoked?** Yes No N/A
If yes to 3b or 3c, please specify in detail:

- d. **For Teacher Certification:** Is your Certification Initial, Provisional, Permanent, or Professional?
Please specify:

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: _____ Relationship to you: _____

Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes No

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: _____

7. Geographic work location(s) desired: _____

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

| Hours | Ability to Work | | Schedule | Ability to Work | | Duration | Ability to Work | |
|------------|-----------------|----|----------------|-----------------|----|-------------|-----------------|----|
| Shift Work | Yes | No | Saturday hours | Yes | No | Permanent | Yes | No |
| Overtime | Yes | No | Sunday hours | Yes | No | Temporary | Yes | No |
| | | | Full-time | Yes | No | Seasonal | Yes | No |
| | | | Part-time | Yes | No | Summer Only | Yes | No |
| | | | Per diem | Yes | No | Winter Only | Yes | No |

9. If offered a position with the hiring agency, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

| School | Name/Location | Credits | Diploma or Degree Received | Courses of Study (Major/Minor) |
|------------------------------------|------------------|---------|----------------------------|--------------------------------|
| High School | | | | |
| Equivalency Program | Issued by: _____ | | | Number: _____ |
| Vocational or Technical Schools | | | | |
| Colleges or Universities | | | | |
| Other Training or Military Schools | | | | |

EMPLOYMENT & EXPERIENCE

Please list all periods of employment*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: _____
Address: _____ **Date Employed:** _____
Supervisor's Name _____ **To:** _____
Supervisor's Title: _____ **Area Code/Telephone:** _____
Your Title and Duties: _____

Reason(s) for Leaving: _____
If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____
Address: _____ **Date Employed:** _____
Supervisor's Name _____ **To:** _____
Supervisor's Title: _____ **Area Code/Telephone:** _____
Your Title and Duties: _____

Reason(s) for Leaving: _____
If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____
Address: _____ **Date Employed:** _____
Supervisor's Name _____ **To:** _____
Supervisor's Title: _____ **Area Code/Telephone:** _____
Your Title and Duties: _____

Reason(s) for Leaving: _____
If this is your current employer, when may we contact them? _____

Additional Sheets Attached? Yes No

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

ADDITIONAL REMARKS

Additional Sheets Attached? Yes No

APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____

SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

- a. Appearing or practicing, regardless of compensation, before their former agency, **and**
- b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a “**reverse two-year bar**” that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The “**lifetime bar**” prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining eligibility for employment. The information may also be used in administering employee benefit programs. In either case, it will be used in accordance with Section 96(1) of the Personal Privacy Protection Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits. The information will be maintained by the Department of Environmental Conservation, 625 Broadway, Albany, New York 12233-5060, (518) 402-9273 or in a DEC Regional Office.



Department of Environmental Conservation

LIFEGUARD MEDICAL INFORMATION PACKET

Includes:

- **Standard Medical for Lifeguards (Forms: Part 1 & Part 2) –**

Part 1 - To be filled out by the lifeguard candidate & returned to the Albany DEC Central Office.

Part 2 - To be filled out by the candidate's physician & returned to the Albany DEC Central office.

All lifeguards must **annually** have a physical examination and have their physician complete the Standard Medical for Lifeguards Part 2.

- **Physicians Letter** - Directions to your physician for proper completion of form.

Completed Forms can be returned to:

NYS DEC
625 Broadway
Bureau of Recreation, Third Floor
Albany, NY 12233-5253

-Or-

Emailed to Info.LifeGuard@dec.ny.gov

For DEC use only:

Initials: _____

Date: _____

Original Copy

Electronic Copy

Notes:



Department of Environmental Conservation

Lifeguard Candidate Name - PLEASE PRINT

Address:

Telephone Number:

STANDARD MEDICAL FOR LIFEGUARDS – 2025 PART 1

The information required herein is intended to determine the eligibility of the candidate named above for employment as a Lifeguard. If the information is not complete, it may not be possible to employ the candidate. The information will be maintained at the Central Office and will be maintained in a separate, secure file in strict confidence. A medical examination is NOT required until after receipt of a conditional job offer.

I affirm that my current health status includes no conditions which could interfere with my ability to perform as a lifeguard for DEC. This includes, but is not limited to; visual acuity, hearing acuity, and all other physical and medical conditions. I further affirm that I am physically capable of performing all strenuous functions of a lifeguard including but not limited to swimming, running, climbing, and performing FA/CPR.

If unable to check either affirmation above, please provide us with an explanation. This will not necessarily preclude a candidate from employment as a lifeguard.

Four horizontal lines for providing an explanation.

I affirm under penalty of perjury that all statements made herein are true and that any omission, material misstatement, or fraudulent representation knowingly made, may disqualify me for appointment and/or lead to revocation of my appointment. I also acknowledge that the New York State Office of Department of Environmental Conservation may request a doctor's evaluation and statement should they have any question concerning my physical or mental fitness for lifeguard duty.

Signature Lifeguard Candidate

Telephone Number

Address

City/State/Zip



Dear Physician:

At times a lifeguard may be required to function under conditions of high mental and physical stress. A lifeguard's success depends largely upon possessing and maintaining a high level of physical and mental fitness, which requires a survey of certain medical facts outlined in the attached pages.

This individual has received a conditional offer of employment with New York State Department of Environmental Conservation as a Lifeguard. We are relying on your professional medical evaluation to help determine the candidate's physical and medical readiness for the job. Areas of special medical concern are outlined on the attached form. Lifeguards must be capable of responding quickly and making life and death decisions within seconds in an often crowded, noisy, and sometimes abusive atmosphere. Lifeguards must have the endurance, physical, and mental ability to conduct repeated underwater swims, rescues, or administer CPR for extended periods of time.

Lifeguards must be able to hear normal voice and whistle sounds and have sufficient uncorrected visual acuity to distinguish problems amongst many swimmers, sometimes at significant distances. They must be able to discern objects from a favorable background while underwater or from a distance and physically function in a sometimes overly hot or cold environment.

We appreciate your effort in helping us maintain the safety and health of this candidate, other lifeguards, and the general public that might be affected by the performance of this lifeguard candidate. If you have any questions, feel free to reach out to us at the above address, email us at Info.LifeGuard@dec.ny.gov or call 518-457-2500 ext. #1.

Sincerely,
NYS DEC Recreation Staff

(Lifeguard Candidate Name - Please PRINT)

2025 Part 2 - To be completed by Examining Physician:

1. Visual Acuity

Candidates must meet a minimum base of 20/70 uncorrected in both eyes and be correctable to the 20/40 standard. Candidates tested at a vision level below 20/40 in either one or both eyes **must** correct to a minimum of 20/40 with 20/20 preferred. Uncorrected reading must be completed. Your visual acuity findings;

Uncorrected Right 20/ _____ Left 20/ _____

If the 20/40 minimum standard is not met in either eye, please note corrected vision levels;

Corrected Right 20/ _____ Left 20/ _____

2. Hearing Acuity

Candidates must be able to hear normal voice sounds in each ear. Hearing aids are not permitted. Will the candidate have any problem hearing shouts or whistle signals at a distance of 50 feet while performing lifeguard duties?

_____ Yes No _____

3. Chronic Ear Conditions

Swimming and diving can aggravate chronic ear conditions such as middle ear infections or perforated eardrums. Does the candidate have an ear condition which would affect their ability to perform the duties of a lifeguard?

_____ Yes No _____

4. General Medical Statement

Candidates must be free of any physical or medical condition which would jeopardize their health and safety and that of the public or other lifeguards. Lifeguards can work in a very hot stressful environment while performing strenuous functions of swimming, running, lifting and climbing. Does the candidate have any defects or disease which would endanger the health and safety of the public or their peers?

_____ Yes No _____

Checking yes on any of the above items will not necessarily preclude a candidate from employment. Additional information may be required.

I certify that I have examined _____ and all information
(applicant's name)
checked above is true to the best of my knowledge and belief; and I understand that any person who knowingly files a statement containing any materially false information, or conceals information for the purpose of misleading, concerning any fact thereto commits a fraudulent act. I have determined that the candidate _____ **IS** **IS NOT** medically qualified to perform the duties of a lifeguard.

Signature of (Doctor), (Physician's Assistant) or (Nurse Practitioner) (license number)

(please print name legibly)

ADDRESS _____

DATE _____ Phone(_____)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Office of Employee Relations, Health & Safety Unit
625 Broadway, 10th Floor, Albany, New York 12233-5062
P: (518) 402-9381 | F: (518) 486-9957
www.dec.ny.gov

Hepatitis B Immunization Program Enrollment Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. My employer, NYSDEC has offered me the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

Instruction for completing form:

After reading the CDC Hepatitis B Vaccine Information Statement (10-15-21) provided to you, please check the appropriate box:

- I have previously received the complete hepatitis B vaccination series on or about (date) _____.
- I have received information that antibody testing has revealed that I am already immune to hepatitis B virus on or about (date)_____.
- I have received information that the hepatitis B vaccine is contraindicated for medical reasons on or about (date)_____.

If none of the above boxes were checked, the NYSDEC will offer me the Hepatitis B vaccine at no cost. I choose the following:

- I accept the offer to be vaccinated and agree to complete the hepatitis B vaccination series.
- I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: (Print Legibly): _____ Date: _____

Signature: _____

Title: _____

Work Location/Region: _____

If under 18 years of age:

Name of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Legal Guardian: _____

HSU–Hepatitis B Enrollment Statement (7-20-22)



Hepatitis B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**.

Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Anyone **59 years of age or younger** who has not yet gotten the vaccine should be vaccinated.

Hepatitis B vaccination is recommended for **adults 60 years or older** at increased risk of exposure to hepatitis B who were not vaccinated previously.

Adults 60 years or older who are not at increased risk and were not vaccinated in the past may also be vaccinated.

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people who were not vaccinated previously should be vaccinated. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given, fever, headache, and fatigue (feeling tired) can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



NYS DEC lifeguard Candidate Inquiry Form

NYS DEC Candidate Name: _____

Desired NYS DEC Facility/Region: _____

Would you be interested in on-site housing*? YES NO

*Housing not available at all locations

NYS DEC lifeguards are expected to work during the entire duration of the campground beach season. Most 8 hour lifeguarding shifts fall between 9:30am-6:30pm with the busiest days being weekends. Typical “pass days” are Tuesdays and Wednesdays. In addition, lifeguards may be asked to clean bathrooms, assist in the entrance booth, work on the facility grounds, etc. Lifeguards may also be asked to go home early during inclement weather if no other tasks are available.

Please note: Lifeguard candidates that have full (all-day) availability throughout the work week will be given preference.

Please check off the days of the week that you are available to work:

| Day of the Week | All-Day | AM only | PM only | Notes |
|-----------------|--------------------------|--------------------------|--------------------------|-------|
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Time off requests must be submitted to your Regional Supervisor in advance, prior to the beginning of employment. Time off requests may be denied.

Uniform sizes requested:

(Please fill in your requested uniform sizes below)

FEMALE UNIFORMS:

| | | |
|--|---|---------------------------------------|
| T-Shirt Unisex Sizes: S, M, L, XL, 2X, 3X | One-piece Swimsuit Sizes: 28 to 44 | Cover up shorts Sizes: S, M, L, XL |
| Jacket Unisex Sizes: S, M, L, XL, 2X, 3X | Pants (if available) Unisex Sizes: S, M, L, XL, 2X, 3X | |

MALE UNIFORMS:

| | |
|--|---|
| T-Shirt Unisex Sizes: S, M, L, XL, 2X, 3X | Swim Trunks Sizes: S, M, L, XL, 2X, 3X |
| Jacket Unisex Sizes: S, M, L, XL, 2X, 3X | Pants (if available) Unisex Sizes: S, M, L, XL, 2X, 3X |

For DEC Use Only

Initials _____

Date _____

Check if received:

- Approved Certifications
- Approved Medical Form
- HBV Declination Form

NOTES: