



WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080 • (856) 589-6650

Date: _____

SCHOOL CROSSING GUARD EMPLOYMENT APPLICATION

Application Information:

Name (Last, First, Middle): _____
Address: _____
City/Town: _____
Phone (Work): () _____ (Home): () _____
Date of Birth (month / day / year) ____ / ____ / ____
Social Security Number: _____ - _____ - _____

Have you ever applied to Washington Township before: Yes No

If yes, give date _____

Date you can start: _____

Are you available to work: Full time Part time Temporary

Are you currently employed: Yes No May we contact you at work: Yes No

May we contact your current employer: Yes No

Are you currently on layoff status and subject to recall: Yes No

Do you possess a current driver's license: Yes No

If you are under eighteen years of age, can you provide proof of eligibility to work: Yes No

Are you a citizen of the United States and a resident of New Jersey: Yes No

Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense: Yes No

An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

Washington Township is an Equal Opportunity Employer

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military services. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date Left:	Work performed/ responsibilities
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference			
Employer:	Date started:	Date Left:	Work performed/ responsibilities
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference			
Employer:	Date started:	Date Left:	Work performed/ responsibilities
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Employer:	Date started:	Date Left:	Work performed/ responsibilities
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Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference			

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any addition information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with Washington Township and the Washington Township Police Department, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Washington Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Washington Township the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give Washington Township the right to secure additional job-related information about me. I release Washington Township and its representatives from all liability for seeking such information. I understand that Washington Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Washington Township will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that Washington Township may terminate me at any time in accordance with its established policies and procedures and appropriate bargaining unit agreement. No representatives of Washington Township may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered, you must sign and date below.

Applicant's Signature _____ **Date** _____

Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name: _____

Address: _____

City/Town: _____

Phone: () _____

Position Applied For: _____

How did you learn about the position? _____

Information Regarding Status:

Gender:

Male

Female

Equal Employment Opportunity identification groups:

White

African-American (non-Hispanic)

Hispanic

American Indian/Alaskan native

Asian/Pacific Islander

Other _____

Other protected Groups:

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran



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WASHINGTON TOWNSHIP SCHOOL CROSSING GUARD PHYSICIAN'S REPORT

_____ is employed / seeking employment as a School Crossing Guard for the Township of Washington Police Department.

A School Crossing Guard is responsible for safely crossing children along various streets in the township.

1) **IS THE INDIVIDUAL ABLE TO:** (PLEASE CIRCLE ONE)

a) Drive to and from a school crossing guard post? **YES** **NO**

b) Stand for long periods of time? **YES** **NO**

c) See and distinguish vehicle traffic and dangerous obstacles in the roadways? **YES** **NO**

d) Hear traffic, horns, and other noises approaching in the roadway? **YES** **NO**

2) **DOES THE INDIVIDUAL HAVE ANY PHYSICAL DISABILITY WHICH WOULD HINDER HIS / HER ABILITY TO FUNCTION AS A SCHOOL CROSSING GUARD?** **YES** **NO**

If Yes, please explain: _____

If any of the above questions in category #1 were answered "NO", please explain:

Physician's Signature

Name: _____

Address: _____

Date

Phone # _____
