SCHOOL CROSSING GUARD APPLICATION PACKET

NEW RATE

$42.00 PER DAY or $21.00 FOR A HALF DAY

Approximately 30 minutes per shift

Applications may be returned to the Stratford Police Department at 315 Union Avenue Stratford, NJ 08084 or via email to VJESS@StratfordPD.org

NAME _____ DATE _____

APPLICATION FOR EMPLOYMENT
BOROUGH OF STRATFORD
AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status.

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PERSONAL INFORMATION

Name (Print)_____ Home or Nearest Phone_____

Present Address_____ Emergency Phone Number_____

_____

Previous Address_____ Social Security No._____/_____/____

Are you over the age of 18? _____Yes _____No

Do you have the legal right to work in the United States? _____Yes _____No

If not, why?_____

_____

Position(s) applied for_____ How soon could you report to work?_____

Type of employment___Full Time ___Part Time ___Temporary Rate of Pay Expected_____

What days and hours if part time? Days_____ Hours_____
From( )AM ( )PM To( )AM ( )PM

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EDUCATION

Type of School	Name & Address of School	Courses Majored in	Check last year completed				Graduate Give Degree
Elementary			5	6	7	8	
High School			9	10	11	12	
College			1	2	3	4	
Trade School/Other:							

Have you applied for a job with us before?___Yes ___No

Have you ever worked for us before? ___Yes ___No

Have you ever been bonded?___Yes ___No Have you ever refused a bond? ___Yes ___No

If so, state reason and date:_____

_____

Have you ever served in the U.S. Armed Forces? ___Yes ___No If yes, branch_____

Date Entered_____ Date Discharged_____

Have you ever been convicted of a crime except a minor traffic violation?___Yes ____No

If so, state citation, date, court, and place where offense occurred._____

_____

Have you ever been discharged or requested to resign from a position? ___Yes ___No If yes, give circumstances_____

Are you employed now? ___Yes ___No

Why do you desire to make a change?_____

Have you ever held a position of trust (handling money or confidential material)? ____Yes
____No

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PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name & Address of Most Recent Employer Telephone No._____

_____

Immediate Sponsor (Name & Position) Date Hired Starting Rate

_____

Job Title & Duties Date Left Last Rate

_____

Reason for Leaving: May we contact this employer?
____Yes _____No

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2. Name & Address of Most Recent Employer Telephone No._____

_____

Immediate Sponsor (Name & Position) Date Hired Starting Rate

_____

Job Title & Duties Date Left Last Rate

_____

Reason for Leaving: May we contact this employer?
____Yes _____No

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3. Name & Address of Most Recent Employer Telephone No._____

_____

Immediate Sponsor (Name & Position) Date Hired Starting Rate

_____

Job Title & Duties Date Left Last Rate

Reason for Leaving: May we contact this employer?
____Yes _____No

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Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application._____

Please complete the following if it applies to your position.
Have you ever operated the following machines?

Dump Truck: Yes___ No___ Pick Up Truck: Yes___ No___
Snow Plows: Yes___ No___ Double Action Dump Yes___ No___
Leaf Loader: Yes___ No___ Tractor Loader: Yes___ No___
Tractor Rider Mower: Yes___ No___
Any Other Machines?_____

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REFERENCES
(Do not list relatives or former employers)

Name_____ Address_____ Phone_____
Name_____ Address_____ Phone_____
Name_____ Address_____ Phone_____

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JOB APPLICANTS AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning by ability, character, reputation, and previous employment record. I release all such persons for any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Borough of Stratford and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Borough of Stratford unless made in writing. If an employment relationship is established, I understand that I have the right to terminate employment at any time and that The Borough of Stratford retains the same right."

"I understand that prior to being offered employment with The Borough of Stratford, I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the Borough of Stratford prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Borough of Stratford reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established compare procedures."

_____

Signature of Applicant Date