

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
JBeasley@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.

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

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

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
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Job Title & Duties	Date Left	Last Rate
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Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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2. Name & Address of Most Recent Employer Telephone No. _____

Immediate Sponsor (Name & Position)	Date Hired	Starting Rate
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Job Title & Duties	Date Left	Last Rate
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Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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3. Name & Address of Most Recent Employer Telephone No. _____

Immediate Sponsor (Name & Position)	Date Hired	Starting Rate
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Job Title & Duties

Date Left

Last Rate

Reason for Leaving:

May we contact this employer?

Yes No

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?

REFERENCES

(Do not list relatives or former employers)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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 concernin 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 o an interview is intended to create an employment contract between The Borough of Stratfo 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 ma 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 o 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 comparison procedures."

Signature of Applicant

Date