



1 South 3rd Street  
Easton, PA 18042

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR POSITION AS

School Crossing Guard

DATE TODAY / /

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	RESIDENCE PHONE NO.
HOME ADDRESS		CITY	STATE	ZIP CODE

DATE ABLE TO START / /	SALARY EXPECTED \$ per	IF NOT A U.S. CITIZEN, DESCRIBE YOUR VISA AND ITS EXPIRATION DATE	ARE YOU PERMITTED TO WORK IN THE U.S. UNDER THIS VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE, DO YOU HAVE THE PROPER DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION

	ELEMENTARY SCHOOL	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME AND LOCATION				
YEARS COMPLETED (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES

\_\_\_\_\_

\_\_\_\_\_

ARE YOU ABLE WITH OR WITHOUT ACCOMMODATIONS TO PERFORM ALL OF THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?  YES  NO

IF APPLICABLE, DESCRIBE ACCOMMODATION: \_\_\_\_\_

\_\_\_\_\_

SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

MILITARY SERVICE

BRANCH OF SERVICE	DATES OF ACTIVE DUTY	HIGHEST RANK
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DESCRIBE THE NATURE OF YOUR DUTIES

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

LIST IN ORDER BEGINNING WITH THE MOST RECENT

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING / WISHING TO LEAVE		

  

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING		

  

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING		

## REFERENCES

(OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

Providing this information means that you give this organization permission to contact the references given

	Name	Address	Telephone No.	Years Known
1.	_____			
2.	_____			

**THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 6 MONTHS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT.**

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer.

Signature \_\_\_\_\_

Date \_\_\_\_\_