

TOWNSHIP OF UNION DEPARTMENT OF PUBLIC SAFETY
POLICE DIVISION, TRAFFIC BUREAU

APPLICATION FOR EMPLOYMENT

Position Applied For: SCHOOL CROSSING GUARD Date of Application: _____

How Did You Learn About Us? _____

Have you filed an application with us before? _____ If YES, when? _____

Have you been employed with us before? _____ If YES, when? _____

What date are you available to begin work? _____

PERSONAL INFORMATION (PLEASE PRINT)

Last Name: _____ First: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers (home, pager, other) _____

Hgt: _____ Weight: _____ Sex: _____ Marital Status: _____ Blood Type _____

Education: (Highest level achieved): _____

Date of Birth: _____ Age: _____ Social Security No: _____

Drivers License No: _____ Expiration: _____

Have you ever been arrested as an ADULT for ANY OFFENSE? _____ If YES, please explain (attach additional page, if necessary): _____

Have you ever been CONVICTED OF A CRIME? _____ (Conviction will not necessarily disqualify an applicant from employment). If YES, please explain: _____

EMPLOYMENT INFORMATION

Are you currently employed? _____ If YES, please complete the following information:

May we contact your present employer? _____ (yes or no)

Occupation: _____ Employer's Name & Address: _____

Supervisor's Name/Phone No: _____ How long there? _____

Are you currently on "lay-off" status, subject to recall? _____

REFERENCES: (No relatives):

1. Name: _____ Phone: _____
Address: _____ Known how long? _____

2. Name: _____ Phone: _____
Address: _____ Known how long? _____

APPLICANT: READ THE FOLLOWING CAREFULLY. IT IS LEGALLY BINDING:

APPLICANT'S STATEMENT: I, _____, am hereby applying for a position with the TOWNSHIP OF UNION DEPARTMENT OF PUBLIC SAFETY. I understand that as part of the pre-employment process, an impression of my fingerprints will be taken and a background investigation and reference check will be conducted. I also understand that I am required to submit to and pass a medical examination.

In consideration of my application for employment, I agree to provide true and correct responses to all questions asked on this application and further agree to a thorough background check and reference check.

I hereby release the TOWNSHIP OF UNION, its agents, employees and contractors from any liability whatsoever in law or in equity regarding any pre-employment procedures, investigations, physical and medical examinations or other procedures required during the pre-employment process.

I hereby certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Witness

Signature of Applicant

Date

Date

FOR ADMINISTRATIVE USE ONLY

Applicant CCH completed by: _____ date: _____

Applicant fingerprinted by: _____ date: _____

Applicant interviewed by: _____ date: _____

Recommendation: _____ by: _____ date: _____

APPROVED: Yes No By: _____
Name and Title Date