

Village of Lancaster, New York

APPLICATION FOR EMPLOYMENT AS A SCHOOL CROSSING GUARD

PLEASE PRINT

Full Name:			
Present Address:	City:	State:	Zip:
Length of time at this address:			
Telephone No.:	Day:	Evening:	Cell:
Social Security No.			
Date of Birth:			
Name, Address & Telephone No of three references Please include at least one employment reference. This reference should be a former supervisor.	NAME	ADDRESS	TELEPHONE
	1.		
	2.		
	3.		
Do you have your own transportation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Drivers License No.:	#	State Issued:	
Do you have any disabilities or health ailments that would interfere with your duties as a school crossing guard?	<input type="checkbox"/> NO <input type="checkbox"/> YES, please explain:		
Have you ever been arrested for anything other than a traffic violation?	<input type="checkbox"/> NO <input type="checkbox"/> YES, please explain:		

- Crossing guards work in all types of weather conditions, except when schools are officially closed;
- They are required to give at least 3 school days notice if they cannot attend to their assigned corner unless a sudden illness or emergency arises;
- They MUST wear reflective clothing while on duty – Vest and/or rain jacket will be provided;
- A hand held “stop” sign will be provided and should be used when crossing all pedestrians;
- Crossing guards MUST utilize the traffic signaling devices when crossing pedestrians if the assigned corner has one;
- Payroll is bi-weekly;
- Substitute Guards will receive early morning phone calls from Police Department if there are any cancellations called in for the day;
- Substitute Guards should utilize their ‘assignment’ sheet for morning and afternoon hours and locations;
- Work schedule for Substitute Guards are based on permanent guards taking off for vacations, illness, doctor appointments, etc. and the Village cannot guarantee any work hours. The days of work are random and days/hours will be rotated amongst the substitute guards;
- This position is a non-competitive civil service position;

I, _____, do hereby authorize the Lancaster Police Department to perform a criminal records check upon myself.

X _____ Date _____

---- DO NO WRITE BELOW THIS LINE ----

POLICE DEPARTMENT:

Criminal records check completed on: _____ By: _____

NO criminal history found – cleared for employment Applicant possesses a history of arrests/convictions

Description of arrests/convictions: