

MAPLE SHADE POLICE DEPARTMENT CROSSING GUARD APPLICATION

It is the policy of Maple Shade Township to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, age, gender, national origin, religion, disability or veteran status.

Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Date of Birth: _____ Social Security #: _____
Driver's License #: _____ State: _____

Emergency Contact Information

Who should be contacted in case you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____

Did anyone refer you? Yes No If yes, who? _____

Are you at least 18 years of age? Yes No

Are you currently employed? Yes No

If you are offered employment when would you be available to begin work? _____

If hired are you able to submit proof that you are legally eligible for employment in the United States? Yes No

References

List any two non-relatives who would be willing to provide a reference for you

Reference Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____

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Reference Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employment History

Please list your last two jobs (including self-employment and/or military service), beginning with the most recent and list and explain any gaps in employment.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Certification

I certify that the information provided on this application is truthful and accurate. I understand providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Maple Shade Township to contact my former employers regarding my employment. I authorize my former employers to fully and freely communicate information regarding my previous employment. I authorizes those designated as references to fully and freely communicate information regarding my previous employment and character.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature: _____

Date: _____