

School Crossing Guard Application

Police Department – Linden, NJ
Traffic Bureau

Name _____

Address _____ City _____ ZIP _____

Home Phone (_____) _____ - _____ Mobile (_____) _____ - _____

Age _____ Date of Birth _____ Place of Birth _____

Sex _____ Height _____ Weight _____ Marital Status _____ US Citizen Y/N

NJ Drivers License _____ SSN _____

Can you read, write and speak the English language? Y/N

Do you have your own transportation? Y/N

Physical Disability, if any:

Have you ever been convicted of a crime? If yes, please explain (use back if necessary):

Last School Attended _____ Grade Completed _____

Previous Employer: _____ Phone (_____) _____ - _____

Employment Date: From _____ to _____ Title: _____

Type of work performed _____

References:

I agree to reimburse the City of Linden for the cost of the required PHYSICAL EXAMINATION (\$55) if I reject the offer of employment.

Signature: _____ Date: _____