

KINGSTON MUNICIPAL POLICE DEPARTMENT
500 Wyoming Ave. Kingston, PA 18704
Tel: (570)288-4576 Fax: (570)288-9493

SCHOOL CROSSING GUARD APPLICATION

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

TELEPHONE NUMBER: _____ SS #: _____

* DATE OF BIRTH: _____ * DRIVER'S LICENSE #: _____

*WHERE BORN, CITY & STATE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?: _____

IF YES, WHAT, WHEN & WHERE: _____

ARE YOU ABLE TO WORK OUTSIDE IN ALL KINDS OF WEATHER?: _____

DO CHILDREN UPSET YOU EASILY?: _____

ARE YOU NORMALLY AVAILABLE TO WORK THROUGHOUT THE SCHOOL YEAR?: _____

SIGNATURE: _____

- QUESTIONS A BONAFIDE OCCUPATIONAL REQUIREMENT FOR RECORDS CHECK FOR ALL PERSONS WORKING WITH CHILDREN AS MANDATED BY COMMONWEALTH LAW.
- RETURN TO: KINGSTON MUNICIPAL POLICE DEPARTMENT
500 WYOMING AVE., KINGSTON, PA 18704