

Hellertown Police Department 685 Main St Hellertown, PA 18055



CROSSING GUARD EMPLOYMENT APPLICATION PACKET

Completion of the Crossing Guard Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of Crossing Guard. Read all of the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. It may be typed or handwritten using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Crossing Guard Employment Application
- Waiver of Liability and Release Form

Return the entire packet to the address below or email to jdonato@hellertownpd.org:

Hellertown Police Department 685 Main Street Hellertown, PA 18055

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Hellertown Police Department

685 Main St Hellertown, PA 18055



CROSSING GUARD EMPLOYMENT APPLICATION

Instructions

You must complete this application yourself. It may be handwritten in ink or typed. Your ability to completely and honestly complete this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Borough of Hellertown.

Basic Personal Information			
First	Middle		
City	State	Zip	
E-mail address:			
me Number	Cell Number		
	T	уре	
•	Country		
gibility	Yes	No	
2. Do you have a legal right to work in the United States? (Check one)		. Citizen	
	Other (specify)	
vn Borough before?	Yes_	No	
for:			
	MINISTER THE STATE OF THE STATE		
	City E-mail address: me Number State gibility ed States? (Check one) vn Borough before?	City State E-mail address:	

Education

	nformation that applies grades to the applicati	s and attach copies of your di <mark>x</mark> on.	olomas or copies of your
If you did not complet	e high school, do you	have a GED?	YesNo
SCHOOL NAME	ADDRESS/PHONE	DATES ENROLLED/MAJOR	GRADUATE?
HIGH SCHOOL			
COLLEGE / UNIV.			
GRADUATE SCHOOL			
OTHER			
	T	ourt, and Criminal Record	
			City, State
	Pers	sonal History	
1. Do you know of	any reason that you co	ould not pass a background ch	eck?YesNo
2. Have you ever b	een fired or asked to r	esign from a job?	YesNo
3. Have you ever s	tolen from an employe	r?	YesNo
4. Have you ever c	4. Have you ever committed a crime for which you were not arrested?		
5. Have you ever assisted someone in committing a crime?			Yes No
6. Have you ever fa	alsified a police report?	•	YesNo
7. Has any driver's	license issued to you	ever been suspended or revol	ked? Yes No
8. Have you ever u	sed, sold, or otherwise	handled in an illegal manner	any YesNo
controlled substar	nce?		

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

Employment History

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include your last four employers. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

Camananii	Donition		FT or PT
Company:			
Address:		State:	ZIF;
Dates fromto		NI.	
Supervisor's Name:			
Job Duties:			
Reason for leaving:			
Company:			
Address:	City:	State:	ZIP:
Dates fromto			
Supervisor's Name:	Telephone	No.:	
Job Duties:			
Reason for leaving:			
Company:			
Address:	City:	State:	ZIP:
Dates fromtoto			
Supervisor's Name:	Telephone	Telephone No.:	
Job Duties:			
Reason for leaving:			
Company:	Position:		FT or PT
Address:	City:	State:	ZIP:
Dates fromto			
		Telephone No.:	
Job Duties:			
Reason for leaving:			

Past and Present Membership in Organizations

Please list any	organizations you are	or have been	a member of:	
NAME	ADDRESS	TYPE	OFFICE HELD	DATES
	_			
	Subvers	ive Organ	izations	
	Gubtoro	ivo Organ	inzacionio	
Δre you now o	have vou ever heen s	member of a	ny organization, associ	ation
•			advocates the overthro	•
constitutional for	orm of government, or	which has add	opted the policy of advo	cating or
			ce to deny other persor	
	stitution of the United S the United States by a		n seeks to alter the form	n of
government of	the Officed States by a	iny unconstitu	YES	No
			ted with any organization	on of the type
described abov	ve, as an agent, official	i or employee	YES	NO
			ted with, any individual	
	ou know or nave reasons of the type describe		ire or have been memb	ers of any of
and organizatio	no or the type decembe	od dbovo.	YES	NO
			0.10	
			g activities of any orgar e at or participating in a	
			anization or of any proje	
sponsored by t	hem; the sale, gift, or o	distribution of	any written, printed or c	ther matter,
prepared, repre	oduced, or published, I	by them or any	y of their agents or instr	umentalities?
			YES	NO
			120_	
			ve, describe the circum	
			ent. If associated with an of association with eac	
			and credentials preser	•
held. If associa	itions have been with i	ndividuals who	o are members of the d	escribed
	then list the individuals	s and the orga	nization with which they	were or are
affiliated.				

Other Incidents

	your life not mentioned herein which uties which you may be called upon .	
List three personal references to Be sure to include all of the info	Personal References that are not related to you. Do not us rmation requested.	se former or current employers
NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER
I declare that the foregoing statement that falsification of any information any misrepresentation or omission separation from Borough service if	characteristics and correct to the best of me on this application is grounds for disqual of facts upon this application will be sufficient to the been employed. I understand the continued by 18 Page 25 April 19	y knowledge and belief. I realize ification. I further understand that ient cause for cancellation and/or at any false statement contained
authorities Applicant Signature:	escribed by 18 Pa C.S.A subsection 4904, Date:	relating to unsworn talsification to



Hellertown Police Department

685 Main St Hellertown, PA 18055



WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Hellertown Police Department and Borough of Hellertown, Pennsylvania,
hereinafter referred to as the Agency, processing my application for employment,
I,,do hereby irrevocably agree to the following terms and conditions
Full Name (typed or printed)

- 1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
- 2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
- 3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
- 4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officers, agents, or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman —penitent privilege, the spousal privilege, and the accountant client privilege.
- 5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
- 6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
- 7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date:	Signature of Applicant:	
	SSN:	
Driver's License N	umber and State:	
Date:	Witnessed by:	



Hellertown Police Department

685 Main St Hellertown, PA 18055



COPIES OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:

High School diploma or GED equivalency PA Driver's license

HELLERTOWN BOROUGH IS AN

EQUAL OPPORTUNITY EMPLOYER

AFTER YOU HAVE COMPLETED THIS APPLICATION, MAIL IT OR TAKE IT TO:

HELLERTOWN POLICE DEPARTMENT 685 MAIN ST HELLERTOWN, PA 18055

OR EMAIL IT TO jdonato@hellertownpd.org

NOTE-IF APPLICATION IS SCANNED AND EMAILED, PLEASE HAVE ORIGINAL SIGNED HARD COPY AVAILABLE UPON INTERVIEW