TOWNSHIP OF WASHINGTON POLICE
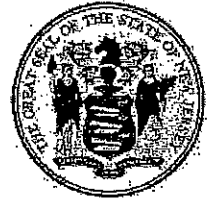## DEPARTMENT 0F PUBLIC SAFETY
350 Hudson Avenue, Township of Washington
County of Bergen – New Jersey 07676
Phone # 201-664-1140
Fax # 201-664-2959
WWW.WASHTWPPOLICE.ORG

Richard Skinner
Chief of Police

James Giblin
Director

Crossing Guard Application

Position Desired: _____

Check one: Full Time _____ Part Time _____ Seasonal _____

Name: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ D.O.B: _____

Sex: Male _____ Female _____ Other _____ Marital Status: _____

Have you ever applied for this position before? _____

Are you related to any Township Employee? _____ If yes, whom? _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

_____

_____

Education: High School: _____

College: _____

Other / Trade School: _____

What skills or special training do you have? _____

_____

_____

Membership in Professional or Civic Organizations: _____

_____

_____

Employment: (List current and former employers)

1. Dates Worked: _____

Name: _____

Address: _____

_____

Position/Duties: _____

_____

Reason for Leaving: _____

2. Dates Worked: _____

Name: _____

Address: _____

_____

Position/Duties: _____

_____

Reason for Leaving: _____

3. Dates Worked: _____

Name: _____

Address: _____

_____

Position/Duties: _____

_____

Reason for Leaving: _____

I hereby declare the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed any misstatement or omissions of facts on this application shall be cause for dismissal.

_____   _____
Signature   Date

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William Cicchetti
Director

Criminal History Check

I hereby authorize the Township of Washington Police Department to complete a Criminal History check and release of all records, in order to qualify for a position within the Township of Washington, NJ 07676.

_____
Name

_____
Date

_____
Signature

_____
E-Mail Address

Information required for a Criminal History Background Investigator:

_____
First Name

_____
Middle Initial

_____
Last Name

_____
Address

_____
Phone #

_____
Date of Birth

_____
Social Security #

_____
Driver's License #

_____
State

For office use only:

Approved: _____ Disapproved: _____ Date: _____