

**Crossing Guard**  
*Please type or use black ink when completing this application.*

Present Address \_\_\_\_\_

*Street* *City* *State* *Zip Code*

Are you interested in a permanent or substitute position?		<input type="checkbox"/> Permanent	<input type="checkbox"/> Substitute
Are you interest in the Jefferson Elementary School/Lincoln Elementary School location?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you interest in the Willow Lane Elementary School location?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you previously worked as a crossing guard?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes", in what school district/building:			
Are you eligible to work in the United States?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid Pennsylvania Drivers' License?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a relative of any employee of the EPSD or its Board of Directors?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes", explain:			
Would you have any transportation problems or limitations which would interfere with regular and punctual arrival on the job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes", explain:			

Start Date	End Date	Name of Employer	Position / Title	Reason for Leaving
Address of Employer			Name & Title of Supervisor	

Name	Relationship to Applicant	Number of years known	Phone Number