

PARKERSBURG POLICE DEPARTMENT
P O BOX 1167
PARKERSBURG WV 26102
PENNIE E. McLAIN

APPLICATION - SCHOOL CROSSING GUARD

DATE _____

AN EQUAL OPPORTUNITY EMPLOYER

NAME _____ SOCIAL SECURITY# _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE # (____) _____

U.S. CITIZEN? YES _____ NO _____

ARE YOU OVER THE AGE OF 18? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PARKERSBURG? YES _____ NO _____

IF YES TO THE ABOVE QUESTION, WHEN? _____

WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

DO YOU HAVE ANY PHYSICAL CONDITIONS WHICH LIMIT YOU IN PERFORMING CERTAIN KINDS OF WORK?

YES _____ NO _____. IF YES, PLEASE DESCRIBE CONDITIONS AND SPECIFIC WORK LIMITATIONS ON
BACK.

WORK HISTORY

LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST:

NAME/ADDRESS	FROM/TO	SUPERVISORS NAME	REASON FOR LEAVING
1.			
2.			
3.			

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

EDUCATION	NAME/ADDRESS	GRADUATED (YES/NO)
1. HIGH SCHOOL		
2. COLLEGE		
3. BUS/VOC		

<u>REFERENCES - NO RELATIVES, PLEASE</u>			
NAME	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			
3.			

NOTIFY IN CASE OF EMERGENCY _____ TELEPHONE #_(____)_____

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

DATE _____ SIGNATURE _____

APPLICATION WILL BE KEPT ON FILE FOR SIX (6) MONTHS

INTERVIEWER'S COMMENTS

APPLICATION RECEIVED BY: _____

DATE _____