

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

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APPLICATION RECEIVED BY: \_\_\_\_\_

DATE \_\_\_\_\_