

PORT WASHINGTON SCHOOL CROSSING GUARD



School Crossing Guards help children safely cross busy intersections on their way to and from school, and control traffic flow around schools in the morning and at the end of the school day. The Port Washington Police Department recruits, trains and provides all equipment and uniforms for crossing guards. Crossing guards are paid for the invaluable service they provide to the community. They are cross-trained at each intersection/school to observe and learn how to properly stop traffic and cross pedestrians safely. Crossing Guards monitor the following intersections/schools:

Dunwiddie Elementary School

W. Grand Ave. at Summit Dr.

Lincoln Elementary School and Thomas Jefferson Middle School

N. Holden St. at James Dr.

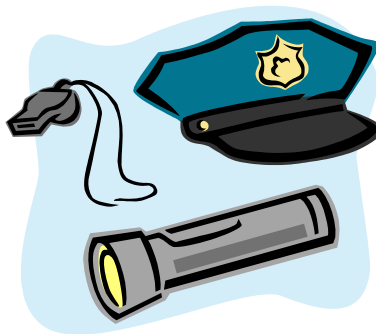
N. Wisconsin St. at Monroe St.

St. John XXIII (St. Peter's Parish) School

N. Wisconsin St. at Beutel Rd.

In addition to their regular duties, crossing guards also assist the police department with the annual Bike Rodeo, holiday parades, and some city events.

Any adult (18 years or older) from the Ozaukee County, Wisconsin area is eligible to apply. Application forms are available from the Port Washington Police Department.





Port Washington Police

Crossing Guard

365 N. Wisconsin Street
 Port Washington, WI 53074
 (262)284-2611

APPLICATION FORM

Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Birth Date (dd/mm/yyyy) / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's License Number/State		
Names Previously Used				Are you a US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	
Height	Weight	Eyes	Hair		
Home Phone	Cell Phone	E-mail Address			
Employer		Work Phone			

EDUCATION

Are you attending school? <input type="checkbox"/> Y <input type="checkbox"/> N	Where			
High School Graduate / GED <input type="checkbox"/> Y <input type="checkbox"/> N	Where		Year	
College	Field		Degree <input type="checkbox"/> Y <input type="checkbox"/> N	

EMPLOYMENT

Name of Employer	Address of Employer	Reason for Leaving	Years

TRAFFIC CITATIONS AND ACCIDENT SECTION

Accident/Citation Location	Date Received	Violation	Dispo Fine/Jail

Arrest Record (attach additional sheet if needed)			
Arrest Date	City/County/State	Charges Filed	Dispo Fine/Jail

References			
Name of Reference	Street Address, City, State	Phone Number	Years

RELEASE OF INFORMATION

I, the undersigned, hereby empower any employee of the Port Washington Police Department to obtain any records and information concerning the enumerated items below, reference to my application for Crossing Guard.

I hereby release any individual or institution, including its Officers, Employees, or Related Personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result from/to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply within. I understand that the results are confidential, and I do not have access to them as the information is obtained from sources in confidentiality.

- 1. From Law Enforcement, or Criminal Justice Agencies**
- 2. From current or past Employers**
- 3. From Schools and Learning Institutions**
- 4. From Medical, Physical, Mental Offices, Clinics, Hospitals, Treatment Facilities, or other institutions engaged in such services.**

I hereby acknowledge my complete understanding that the Crossing Guard assignment for which I am applying for carries with it the requirement that I will, without question, obey and execute to the best of my ability the legal orders of those designated to supervise and command my activities; that I am to complete all assigned training courses; and that any violation or disregard of the Rules and Regulations of my organization will be cause for disciplinary action or dismissal. Furthermore, I understand that any false statements intentionally made in my application disqualify me for employment with the Port Washington Crossing Guards.

Signature _____ Date Signed _____

Additional comments or information you would like to provide about yourself, including experience that may qualify you for a Crossing Guard position. (This section is optional)

NOTE: Sign and mail or bring this application to:

**Port Washington Police Department
 Crossing Guard Supervisor
 365 N. Wisconsin St
 Port Washington, WI 53074**

CROSSING GUARD SUPV USE ONLY

Interview Date: _____ Time: _____

Hired: Yes / No

Date Accepted: _____

Date Dropped: _____