

CITY OF RAHWAY SCHOOL CROSSING GUARD APPLICATION

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DOB: _____ - _____ - _____
 PLACE OF BIRTH: _____ Female Male

ARE YOU A US CITIZEN: YES _____ NO _____
 HAVE YOU EVER BEEN ARRESTED: YES _____ NO _____

IF YES, FOR WHAT _____
 STATE REASON FOR SEEKING APPOINTMENT: _____

DO YOU HAVE A CAR: YES _____ NO _____ DRIVER LICENSE #: _____

LAST OR PRESENT EMPLOYER: _____

ADDRESS: _____

PHONE: _____

REFERENCES: ONLY ONE REFERENCE CAN BE RELATED - INCLUDE HOW MANY YEARS REFERENCE KNOWS YOU

NAME	ADDRESS	PHONE NUMBER	HOW MANY YEARS

CHIEF OF POLICE

HONORABLE SIR:

I HEREBY MAKE APPLICATION FOR APPOINTMENT AS A SCHOOL CROSSING GUARD FOR THE CITY OF RAHWAY,
 NEW JERSEY POLICE DEPARTMENT.

 SIGNATURE OF APPLICANT

 DATE

APPLICATION APPROVED BY:

 CHIEF OF POLICE, RAHWAY, NJ

 DATE

 DATE SWORN IN

 OATH ISSUED BY

ADDRESS: RAHWAY TRAFFIC BUREAU - ONE CITY HALL PLAZA - RAHWAY, NJ 07065