



City of Niagara Falls

SCHOOL CROSSING GUARD APPLICATION FORM

Please Print Clearly

PERSONAL INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Postal Code _____

Telephone #1 _____ Telephone #2 _____

Email _____

Have you previously been employed by the City? Yes NoAre you over the age of 18 years? Yes NoAre you legally entitled to work in Canada? Yes NoDo you have reliable transportation to get to the work site? Yes NoDo you have a valid driver's licence? Yes No

Please state date available to start work _____

EDUCATION

High School (please check one)

 Diploma Equivalent (i.e., GED) Did not graduate

Post-Secondary School (please check all that apply)

 Technical Vocational College University Did not attend

Which of the following did you receive?

 Did not complete Licence _____ Certificate _____ Diploma _____ Degree _____

Other courses, workshops or seminars and year completed (if applicable)

EMPLOYMENT INFORMATION AND REFERENCES

I authorize the City of Niagara Falls to contact the persons or organizations listed below for the purpose of obtaining reference information to verify my suitability for employment with the City of Niagara Falls as a School Crossing Guard.

Employer _____

Employment Dates From _____ To _____

Position _____

Summary of Duties _____

Name & Title of Supervisor _____

Telephone Number (s) _____

Employer _____

Employment Dates From _____ To _____

Position _____

Summary of Duties _____

Name & Title of Supervisor _____

Telephone Number (s) _____

RELAVENT SKILLS AND EXPERIENCE

Do you have previous experience as a School Crossing Guard? Yes No

If yes, where and for how long? _____

Please outline any skills and experience you have that are related to this position

How did you hear about this job opportunity? (please check one)

- From an existing Crossing Guard Newspaper advertisement
 City of Niagara Falls' website Other (please specify) _____

DECLARATION

By submitting this application to the City of Niagara Falls, I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Personal information on this form is collected under the authority of *The Municipal Act* and will only be used to determine suitability for this position. We thank all applicants for their interest, but only those advancing through the selection process will be contacted.