

City of Niagara Falls

SCHOOL CROSSING GUARD APPLICATION FORM

Please Print Clearly

PERSONAL IN	IFORMATION	
Last Name _	First Name	
Address _		
City _	Postal Code	
Telephone #1 _	Telephone #2	
Email _		
Are you over the a		
, ,	titled to work in Canada?	
•	available to start work	
EDUCATION		
High School (ple	ase check one)	
Diploma	☐ Equivalent (i.e., GED) ☐ Did not graduate	
Other courses, w	orkshops or seminars and year completed (if applicable)	
EMPLOYMENT	Γ INFORMATION AND REFERENCES	
	y of Niagara Falls to contact the persons or organizations listed below for the purpose of se information to verify my suitability for employment with the City of Niagara Falls as a Guard.	
Employer		
Employment Dat	es Start End	
Position		
Summary of Duti	ies	
Name & Title of S	Supervisor	
Telephone Numb	per (s)	

Employer						
Employment Dates	Start		End _			
Position						
Summary of Duties						
Name & Title of Supervisor						
Telephone Number (s)						
RELAVENT SKILLS AN	ID EXPERI	ENCE				
Do you have previous expe		•		☐ Yes	□ No	
Please outline any skills an	d experience	e you have that are r	elated to	this positio	on	
How did you hear about this	s job opport	unity? (please checl	k one)			
☐ From an existing Crossing	g Guard	☐ City website		Other: _		-
DECLARATION						
I hereby declare that the forestatement may disqualify me		•	•	knowledge.	I understand that	a false
Signature:						
Date:			_			

Employment Information and References continued...

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.