



HUNTERDON COUNTY
2 Municipal Drive
Flemington, NJ. 08822
Tel: 908-782-8889 / Fax: 908-782-1060

Dear School Crossing Guard Applicant,

I would like to thank you for your interest in the position of school crossing guard with the Township of Raritan. The school crossing guard is instrumental in providing for the safe passage of our children who walk to and from school. Strict adherence to the school crossing guard responsibilities is essential. Any deviation from those responsibilities will not be tolerated.

The following items are enclosed in your pre-employment packet:

- Personal History Statement
- Records Check and Release Authorization
- Medical Certification Form

Once your pre-employment packet is completed and reviewed, a background check, including the submission of fingerprints, will be completed. If your packet is then approved, you must complete state mandated training before you can begin working on your own. If you have any questions please do not hesitate to contact me.

Thank you again,

Lieutenant Scott Nelson
Administrative Division Commander



Raritan Township Police Department

School Crossing Guard's Personal History Statement

Equal Opportunity Employer

Personal Information

Name (Last Name First):		Email Address:	
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Phone Number:		Social Security Number:	
Date of Birth:		Driver's License Number & State:	
Are you at Least 18 Year of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment Desired

Position	Date You Can Start	Salary Desired
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this department before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

Education History

Name & Location of School		Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of Special Study/Research Work or Special Training Skills	
U.S Military or Naval Service	Rank

Former Employers

Date Month & Year	Name & Address of Former Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

CERTIFICATION:

“I certify that the facts contained in this personal history statement are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this personal history statement shall be grounds for dismissal.

DATE _____ SIGNATURE _____

Interviewed By _____
Date _____

----- DO NOT WRITE BELOW THIS LINE -----

Remarks

Records Check Release & Authorization for Departmental Purpose

I _____, do hereby authorize the Raritan Township Police Department to conduct a **Records Check** to determine my eligibility for the position of _____.

I do hereby authorize a review and full disclosure of all records, and information concerning myself to the Raritan Township Police Department, whether said records or information is of a public, private or confidential in nature.

I hereby release, discharge and exonerate the Raritan Township Police Department from any liability relating to the acquisition, and review of records or information obtained during a Records Check to determine my eligibility for the position I am seeking.

Name: _____
 First Name Middle Name Last Name

Address: _____

Date of Birth: _____ Social Security Number: _____

Signature

Date

Police Department Witness

Date



RARITAN TOWNSHIP POLICE DEPARTMENT MEDICAL CERTIFICATION FORM

(Please Print)

Crossing Guard's Name: _____

Social Security Number: _____

Employing Agency: _____

Agency Address: _____

Physician's Name: _____

Based upon the medical examination and a review of a Health History Statement, the above-named individual is determined to be:

Medically fit to perform duties associated with a School Crossing Guard that will include continuous walking and standing, on various surfaces, for upwards of one and a half hours; ability to lift and hold a STOP paddle at shoulder height; ability to turn head and body to observe vehicles and pedestrians; ability to lift both feet over curb and step off curb; can react and move quickly to avoid vehicles; ability to observe vehicles and pedestrians, read signs, and recognize potentially dangerous traffic situations and environmental hazards such as potholes, ice, sidewalk obstructions; ability to hear and recognize vehicles approaching from any direction, backup alarms, horns; ability to hear children and other pedestrians speaking in a potentially noisy, distracting environment; ability to perform crossings in rain, fog, snow, sleet, cold, heat, humidity, and wind; ability to speak clearly and firmly to instruct child pedestrians and other pedestrians during crossing

NOT Medically fit to perform duties associated with a School Crossing Guard that will include continuous walking and standing, on various surfaces, for upwards of one and a half hours; ability to lift and hold a STOP paddle at shoulder height; ability to turn head and body to observe vehicles and pedestrians; ability to lift both feet over curb and step off curb; can react and move quickly to avoid vehicles; ability to observe vehicles and pedestrians, read signs, and recognize potentially dangerous traffic situations and environmental hazards such

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Recommend additional testing before clearance.

Additional testing required: _____

Physician's Signature and License No.
