

POLICE DEPARTMENT CITY OF NEW YORK
SCHOOL CROSSING GUARD APPLICATION

PCT# _____

A.I.S. CONTROL# _____

HOURS FOR WEEK _____

Print or type answers to all questions. Circle answers to those questions requiring YES or NO.
Explain under 'details' below.

A FALSE ANSWER MAY RESULT IN DISAPPROVAL OF THIS APPLICATION.

1. _____
LAST FIRST S.S. #

2. PRESENT ADDRESS- INCLUDE STREET, NUMBER, APT., BORO, ZIP, PRECINCT

3. TELEPHONE _____ CELL Ph. _____

4. MAIDEN NAME _____

HAVE YOU USED ANOTHER NAME? _____

5. LIST YOUR LAST THREE PLACES OF RESIDENCE:

6. DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

7. CIRCLE ONE: SINGLE MARRIED DIVORCED SEPERATED WIDOWED

8. SPOUSE'S NAME AND OCCUPIATION _____

9. NUMBER OF CHILDREN UNDER 6 YEARS OF AGE _____

10. WITH WHOM DO YOU RESIDE? _____

11. ARE YOU CURRENTLY RECEIVING WELFARE OR UNEMPLOYMENT BENEFITS?

YES NO

HRA# _____ UNEMPLOYMENT BENEFIT# _____

12. HAVE YOU EVER SERVED IN THE MILITARY? YES NO _____

Type of separation

13. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE? YES NO

NOTE; OFFENSE MEANS CONDUCT FOR WHICH A SENTENCE TO A TERM OF IMPRISONMENT OR TO A
FINE IS PROVIDED BY ANY LAW OR ORDINABCE. IF YOU'RE NOT SURE, YOUR INVESTIGATOR WILL
EXPLAIN.

14. DO YOU HAVE ANY OUTSTANDING SUMMONSES? YES NO

