MIDDLESEX BOROUGH POLICE DEPARTMENT

APPLICATION FOR SCHOOL CROSSING GUARDS

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE NUMBER: _____

CITIZEN OF NJ: YES NO PLACE OF BIRTH: _____
CITY STATE

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

HOW LONG AT PRESENT ADDRESS ? : _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

_____

DRIVER'S LICENSE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, EXPLAIN IN DETAIL:

_____

_____

TIMES AVAILABLE FOR DUTY: _____

_____
SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE _____

APPROVED: _____ DATE: _____ BADGE NUMBER: _____ ISSUED: _____

DISAPPROVED (REASON): _____

_____

_____
COMMANDING OFFICER