

At some point during the application process, you may have to verify that you can perform the essential duties of a School Crossing Guard with or without accommodation. Those duties are listed below.

ESSENTIAL DUTIES OF A SCHOOL CROSSING GUARD

1. Walking for up to a half-mile;
2. Standing for up to one hour;
3. Withstanding prolonged exposure, as long as an hour, in extreme weather conditions;
4. Withstanding exposure to stress-producing situations such dealing with an unruly student or encountering an injured person while maintaining the ability to think and act rationally;
5. Dealing reasonably with students, parents or other people who may be suffering from diminished capacity due to mental, emotional, drug, alcohol, domestic, criminal or stress issues;
6. Dealing with verbal abuse, including taunts, insults, and threats to the you, family members, or other employees;
7. Communicate effectively with students or others in a clear and clam manner;
8. Complete timesheets or other written reports in a clear and concise manner; and forward them in an appropriate and timely manner;
9. Be able to prioritize multiple tasks, such as monitoring traffic in the area of your assignment and providing safe passage or crossings for the students in your care.
10. Be on your post on time and remain on your post continuously until your assignment is completed.

MECHANICSBURG POLICE DEPARTMENT

SCHOOL CROSSING GUARD APPLICATION

GENERAL INSTRUCTIONS: Print (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use additional sheets of paper and precede any additional statements with the referenced topic. A resume or training certificates may be included, but are not required. Do not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment.

PERSONAL DATA:

LAST NAME	FIRST NAME	FULL MIDDLE NAME
NICKNAME, MAIDEN NAME, OTHER NAMES	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CURRENT RESIDENCE ADDRESS - NUMBER, STREET, CITY, STATE, ZIP CODE		
HOME TELEPHONE NUMBER	PAGER OR CELLULAR NUMBER	E-MAIL ADDRESS
U.S. CITIZEN	IF NATURALIZED, PROVIDE NATURALIZATION NUMBER, DATE AND COURT	
YES NO		

Do you have a valid Operators/Drivers License? Yes No

If Yes, State & Number: _____

Have you ever been convicted a misdemeanor, felony or greater criminal violation? Yes No
If yes, state violation, court of jurisdiction and date of conviction.

SPECIAL QUALIFICATIONS AND SKILLS: Indicate type of special training or license such as first aid, CPR, etc., showing licensing or training authority, date issued, and date expires.

CHARACTER REFERENCES: List only character references who have definite knowledge of your qualifications for the position of application. List at least 2 character references. Do not list relatives, current or former intimate partners, significant others or persons living outside the United States.

NAME	HOME ADDRESS	HOME TELEPHONE	WORK TELEPHONE	YEARS KNOWN

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give the Borough of Mechanicsburg the right to make a thorough investigation into my background, previous employment, education and references in order to ascertain my suitability for service as a School Crossing Guard. I release from all liability and claims any and all persons, companies and corporations (public and private) supplying any information whatsoever, including opinions, to representatives of the Borough of Mechanicsburg. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I expressly waive any privacy rights I may have in the information supplied. I release, indemnify and hold harmless the Borough of Mechanicsburg, its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Signature of Applicant

Date

CERTIFICATION

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made subject to the penalties of 18 Pa. C.S. §4904 relating to Unsworn Falsification to Authorities.

Signature of Applicant

Date