POLICE DEPARTMENT CITY OF NEW YORK SCHOOL CROSSING GUARD APPLICATION

PC	PCT#	A.I.S. CONTROL#		
НС	HOURS FOR WEEK			
	Print or type answers to all questions. Circle answers to Explain under 'details' below.	those questions requiring YES or NO.		
AI	A FALSE ANSWER MAY RESULT IN DISAPPROVAL OF THI	S APPLICATION.		
1.	1. LAST FIRST S.S. #			
2.	2. PRESENT ADDRESS- INCLUDE STREET, NUMBER, APT., BORO, ZIP	, PRECINCT		
3.	3. TELEPHONE CELL Ph.	***************************************		
4.	4. MAIDEN NAME			
	HAVE YOU USED ANOTHER NAME?			
5.	5. LIST YOUR LAST THREE PLACES OF RESIDENCE:			
	6. DATE OF BIRTH AGE PLACE OF CIRCLE ONE: SINGLE MARRIED DIVORCED SEPERAL			
8.	8. SPOUSE'S NAME AND OCCUPIATION			
	NUMBER OF CHILDREN UNDER 6 YEARS OF AGE D. WITH WHOM DO YOU RESIDE?			
	11. ARE YOU CURRENTLY RECEIVING WELFARE OR UNEMPLOYMENT YES NO	F BENEFITS?		
	HRA#UNEMPLOYMENT BENEFIT#			
12.	12. HAVE YOU EVER SERVED IN THE MILITARY? YES NO Type of sepa	ration		

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 LINE 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

a. ANY CRIMINAL CHARGES PENDING AGAINST YOU? YES NO -2-

PERIC	ANY PRESENT EMPLOYMEN DDS OF WELFARE AND UNE	NT AND YOUR LAST THREE (3)	PLACES OF EMPLOYMENT. INCLUD
From: MM/Y	To:	Employer name Addr	ress Reason for leaving
HAR	ACTER REFERENCES , NOT	RELATED TO YOU, AND RESID	DING IN YOUR NEIGHBORHOOD.
Δ	VOUCHER'S NAME	VOUCHER'S ADDRESS	VOUCHER'S HOME PHONE#
	EMPLOYED BY	BUSINESS ADDRESS	BUSINESS PHONE #
В	VOUCHER'S NAME	VOUCHER'S ADDRESS	VOUCHER'S HOME PHONE#
	EMPLOYED BY	BUSINESS ADDRESS	BUSINESS PHONE#
С	VOUCHER'S NAME	BUSINESS ADDRESS	BUSINESS PHONE#
*DE	EMPLOYED BY TAILS- REFER TO QUE	BUSINESS ADDRESS STION NUMBERS THAT F	BUSINESS PHONE# REQUIRED DETAIL IF NEEDED
(03E	BLANK 8 ½ X 11 PAPER IF MO	JRE SPACE IS REQUIRED)	
		→ LETION AT INVESTIGATO	DR'S INTERVIEW
		MAIA DE THAT ANY MICOPODECENT	ATION OR OMISSION OF A FACT BY ME M
SPAC CAND	IDATE AFFIRMATION: I AM A CIENT CAUSE TO DENY MY AP	POINTMENT, OR TO HAVE MY EMF	LOYMENT TERMINATED