Deep River School Crossing Guard Application:

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| **Application Information** |  |
| Last Name: |  |
| First Name: |  |
| Middle Name: |  |
| Are you over the Age of 16? |  Yes No |
| Address: |  |
| City/Town: |  |
| Postal Code: |  |
| Home Telephone: |  |
| Cell Phone: |  |
| Email Address: |  |

**General Information**

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| Position: |  |
| Are you legally entitled to work in Canada? |  Yes No |
| Have you been convicted of a crime in which you have not received a pardon? |  Yes No |
| Are you willing to obtain a Criminal Record Check with a Vulnerable Sector Check at your expense? |  Yes No |
| Are you willing to work in all types of weather conditions (i.e. Extreme hot and cold temperatures and inclement weather)? |  Yes No |
| Are you willing to be on-call during weekdays? |  Yes No |
| Are you willing to work as a substitute school crossing guard? |  Yes No |
| Are you willing to work hours as required (i.e. unguaranteed or variable hours per week). |  Yes No |
| Do you have any employment or other commitments currently which may conflict with this on-call position? |  Yes No |

Please submit this application form along with your cover letter and resume to the undersigned:

“**Private and Confidential – School Crossing Guard”**

P.O. Box 400, 100 Deep River Road

Deep River, Ontario, K0J 1P0

Email: michelle.russell@policedeepriver.ca

**Thank you for your interest in the Town of Deep River. Only applicants selected for an interview will be contacted. Accessibility accommodations are available for all parts of the selection process. Applicants must make their needs known in advance. Information collected will be managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act.**

I, declare that all of the statements made and the information provided in this application are true.

Signature of Applicant:

Date: