

Date Received: \_\_\_\_\_

# APPLICATION FOR INDEPENDENT CONTRACTOR SCHOOL CROSSING GUARD POSITION WITH THE GENEVA POLICE DEPARTMENT

*Instructions: Type or print an answer to each question below. If the question does not apply to you then enter "N/A" as an answer. If you need more space to answer a particular question or to explain your answer to a question you may use the "Remarks" section near the end of this application.*

**Personal History:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Any other name you may have gone by? (maiden name, name change, nickname):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number if different: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you prevented from lawfully working in this country? NO \_\_\_\_ YES \_\_\_\_  
(Proof of employment eligibility will be required if we offer you employment.)

Have you ever been convicted of a crime other than a minor traffic offense? NO \_\_\_\_ YES \_\_\_\_  
If the answer is yes, please explain. (A conviction may not necessarily disqualify an applicant.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special education, training, skill or ability that would better prepare you for, or, help you perform the job of a school crossing guard:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Please provide the name, address and telephone number of two to three people who have known you personally for at least two years, but are NOT related to you:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Please read the statement printed on the reverse side of this form If you understand and agree with what it says please sign and date where indicated. *NOTE: Your signature must be notarized!***

**Applicant's Statement:**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation and collaboration of all statements contained in this application of employment. I authorize all references listed by me to answer such inquires about me truthfully and to provide the names of other persons that may know me if requested by the Geneva Police Department.

I authorize the Geneva Police Department to conduct a complete criminal history check to insure that I will pose no threat to the children that I may come in contact with.

I understand that this application will be considered active for a period of time not to exceed 90 days.

I hereby acknowledge that any independent contractor relationship that results from this application is of "at will" nature, which means that I may resign at any time and the Geneva Police Department may discharge me at any time, for any reason or no reason at all, with or without cause. I further understand that this "at will" relationship may not be changed by any written document or oral representation, or by conduct or implication. No agent or employee of the Geneva Police Department is authorized, now or in the future, to promise anything except an "at will" relationship, and I agree that no such promises have been made to me.

I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules, regulations and policies that pertain to this position, in force now or at anytime, while acting as an independent contractor for the Geneva Police Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public