

Application for Adult Crossing Guard Position

Save this form	to your device,	complete it, a	nd email it	to enginee	ring@	milton.ca
Name:						
Address:						
How did you hea	ar about this oppo	ortunity?				
Newspaper	Online	Friend		_ Other		
What languages	do you speak or	use?				
Have you held the	nis or a similar po	osition (e.g. lund	ch-time supe	ervisor)? Ye	S	No
Location:						
Which school or	major intersection	on do you live cl	osest to? _			
Do you have a D	Priver's Licence?	Yes No				
Do you have acc	cess to a vehicle	every day? Yes	s No			
Can you handle	cold and hot wea	ather without sh	elter? Yes	No		
•	for the entire sol Christmas and M	•	neans no va	cation from	Sept	tember to
Yes 1	No					
Are you looking	for full-time or pa	art-time work? F	ull-time	Part-time		
Are you willing to	o work part-time	until a full-time l	location is a	vailable? Ye	∋s	No
		EASE READ CA CERTIFICATIO		REEMENT		
complete to the application may Corporation to c prospective emp	hat the facts set best of my knowl disqualify me fro onduct a backgrooloyment. Informa	edge. I understa m employment ound search and ation collected is	and that a fa or cause my d reference s for the inte	alse stateme y dismissal. check to qu	ent or I aut alify i	n this horize the me for
Signature of App		_	Date:			