



## NOTICE OF POSITION VACANCY

June 22, 2022

**POSITION:** School Crossing Guard

**COMPENSATION:** \$18.00/hr.

**JOB SUMMARY:** The City of Grosse Pointe Park Department of Public Safety is now accepting applications for the position of School Crossing Guard. This is a part time position school days Monday through Friday 2 hours per day, one hour upon school start time and one hour at dismissal.

**MINIMUM QUALIFICATIONS:** Must be 18 years of age or older and have the ability to effectively communicate with individuals, understand and apply basic first aid principles. Must be able to stand and walk for extended periods of time and work outside in varying temperatures. Must have an understanding of traffic laws which would relate to crossing children and able to hold aloft a two-pound STOP SIGN for up to 60 seconds to alert motorists approaching crossing. The employee must be willing to work up to 10 hours a week.

**APPLICATIONS:** Interested applicants can pick up an application from the Public Safety Administration Office or complete the attached application and remit said application to the Department of Public Safety Administration Office at 15115 E. Jefferson, Grosse Pointe Park, MI 48230 or [PublicSafety@grossepointepark.org](mailto:PublicSafety@grossepointepark.org). For questions, please call 313-822-4416. Position open until filled.

# APPLICATION FOR EMPLOYMENT

TO APPLICANT: It is the policy of the Department to provide equal opportunity with regard to all terms and conditions of employment. The Department complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

(PLEASE PRINT PLAINLY)

PERSONAL DATA											
Name:			(Last)			(First)			(Middle)		
Address:				(No. & Street)				(Apt. / Flat No.)			
(City)				(State)				(Zip)			
CONTACT NOS.											
Night time Phone No.						Daytime Phone No.					
( )						( )					
Cell Phone No.						Alternative Phone No.					
( )						( )					
E-Mail Address:											
Do you object to being contacted at any of the above telephone numbers?											
DATE OF BIRTH			SOCIAL SECURITY NUMBER			DRIVER LICENSE NUMBER					
Applicant must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship.											
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/>											
No <input type="checkbox"/>											
If hired, you are required to submit proof of your eligibility to work in the U.S.A.											
Position for which you are applying: _____											
If your application is considered favorably, on what date will you be available for work? _____											

**EXPERIENCE AND EMPLOYMENT I.**

Name of Company		Dates:	Start:	End:
Type of Business			Mo/Yr	Mo/Yr
Address/ CSZ				
Telephone No.				
Name of Supervisor				

	<b>Describe work performed</b>
Full-Time <input type="checkbox"/>	
Part-Time <input type="checkbox"/>	
Temp <input type="checkbox"/>	
Voluntary <input type="checkbox"/>	

	<b>Reason for Leaving</b>

May we contact the employer listed above concerning work experience as indicated? Yes  No

**II.**

Name of Company		Dates:	Start:	End:
Type of Business			Mo/Yr	Mo/Yr
Address/ CSZ				
Telephone No.				
Name of Supervisor				

	<b>Describe work performed</b>
Full-Time <input type="checkbox"/>	
Part-Time <input type="checkbox"/>	
Temp <input type="checkbox"/>	
Voluntary <input type="checkbox"/>	

	<b>Reason for Leaving</b>

May we contact the employer listed above concerning work experience as indicated? Yes  No

**III.**

Name of Company		Dates: Start: Mo/Yr / End: Mo/Yr /
Type of Business		
Address/ CSZ		
Telephone No.		
Name of Supervisor		

	<b>Describe work performed</b>
Full-Time <input type="checkbox"/>	
Part-Time <input type="checkbox"/>	
Temp <input type="checkbox"/>	
Voluntary <input type="checkbox"/>	

	<b>Reason for Leaving</b>

May we contact the employer listed above concerning work experience as indicated?    Yes     No

**IV.**

Name of Company		Dates: Start: Mo/Yr / End: Mo/Yr /
Type of Business		
Address/ CSZ		
Telephone No.		
Name of Supervisor		

	<b>Describe work performed</b>
Full-Time <input type="checkbox"/>	
Part-Time <input type="checkbox"/>	
Temp <input type="checkbox"/>	
Voluntary <input type="checkbox"/>	

	<b>Reason for Leaving</b>

May we contact the employer listed above concerning work experience as indicated?    Yes     No

**EDUCATIONAL BACKGROUND**

Name of Institutions	Location (City & State)	Degree	Years Completed

**PLEASE READ AND SIGN**

*I hereby certify that all statements made in this Application of Employment are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

INTERVIEWER:	DATE:
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<b>COMMENTS</b>