WOODCLIFF LAKE POLICE DEPARTMENT
CROSSING GUARD EMPLOYMENT APPLICATION
184 Pascack Road
Woodcliff Lake, N.J. 07677
201-391-8222 / 201-307-3482 (fax)

DATE: _____ **PHONE #:** _____

NAME: _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____

DATE OF BIRTH: _____ **EMAIL:** _____

SOCIAL SECURITY #: _____ **DRIVER LICENSE #** _____

EDUCATION BACKGROUND

	NAME	ADDRESS	FROM	TO
HIGH SCHOOL				
COLLEGE				
SPECIAL SKILLS				

WORK EXPERIENCE

COMPANY NAME	ADDRESS	POSITION	FROM	TO

CHARACTER REFERENCES

NAME	ADDRESS	PHONE #	OCCUPATION

I hereby state that the above information is true and accurate to the best of my knowledge:

SIGNATURE: _____