

School Crossing Guard

(Patrol Division)

Grade 18

JOB SUMMARY: This position is responsible for the safe crossing of children at specific elementary and middle school crossing zones during morning and afternoon hours.

CHAIN COMMAND: This position answers to the on-duty Patrol Division supervisor.

CRITICAL RESPONSIBILITIES/DUTIES:

- Arrives at the school crossing on time or advise the Communications Center prior to assigned time if unable to be there
- Halts any and all vehicular traffic prior to allowing any children to cross
- Safely cross children at their assigned crossing
- Utilizes all crossing equipment to accomplish the safe crossing of children
- Remains at the school crossing zone to cross children throughout the entire time frame in the morning and afternoon

KNOWLEDGE OR SPECIAL SKILLS REQUIRED FOR THIS POSITION:

- Knowledge of the schools let-in and let-out times
- Knowledge of the school calendar

MINIMUM QUALIFICATIONS:

- Must be at least 18 years of age
- May not be on the sex offender registry of any county
- Must pass all pre-employment testing
- Must pass all drug screens

BASIC PHYSICAL CAPABILITIES REQUIRED:

- Walking
- Lifting and carrying equipment
- Bending and reaching

Print Name

Employee Signature

Employee #

Date

“An Equal Opportunity Employer”

EDUCATION

HIGH SCHOOL

Name and Location: _____

Circle highest grade completed: 7 8 9 10 11 12 Graduated? () Yes () No

If not a high school graduate, do you have a GED? () Yes () No

COLLEGES/UNIVERSITIES

NAME OF SCHOOL	ADDRESS	MAJOR	DEGREE EARNED

Describe special vocational or business courses you have taken which relate to the job for which you are applying: _____

Special skills, qualifications, and certifications (including language skills, typing skills, and business equipment or machine operating skills) which relate to the job for which you are applying: _____

If you are applying for a clerical position please complete the following approximate number of words per minute in:

Typing _____

Shorthand _____

Have you received any traffic Citations in the past 3 years? () Yes () No

Please indicate the type of offenses and dates: _____

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor?

() Yes () No

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony?

() Yes () No

If yes, describe the circumstances: _____

Military Record

Selective Service Classification _____

Branch _____

Rank Attained _____

Date of Entry _____

Date of Discharge _____

Type of Discharge _____

EMPLOYMENT HISTORY

Describe the last nine jobs held beginning with your current or most recent job using the additional inserts supplied. Failure to give complete information may result in your disqualification.

Name of Company	Telephone: Fax:	Dates Employed
Street	City State Zip Code	May we contact employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
Official Job Title	Name of Supervisor	Pay Start End
Describe Specific Job Duties		
Specific Reason for Leaving		

Name of Company	Telephone: Fax:	Dates Employed
Street	City State Zip Code	May we contact employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
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Describe Specific Job Duties		
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Street	City State Zip Code	May we contact employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
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***A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

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List three personal references. Do not list relatives or former employers

Name	Address	Phone #	Years Known
		Home: Work: Mobile: Fax:	
		Home: Work: Mobile: Fax:	
		Home: Work: Mobile: Fax:	

List relatives employed with the County.

Name	Address	Phone #	Relationship

AUTHORIZATION AND RELEASE

My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and physical examination and that information regarding use of drugs may be disclosed to the appropriate county representative as a part of the employment process. All medical information will be classified as confidential

Furthermore, I hereby authorize the Columbia County sheriff's Office, it's agents and/or representatives, to contact any person or entity named on my application and any attached resume or credentials, for employment for the purpose of confirming the information contained therein and/or obtaining other information which may be material to my qualifications for employment. I also authorize the Columbia County Sheriff's Office to perform a criminal background investigation and driving history. I hereby release the Columbia County Sheriff's Office, it's agents or representatives, and any person or entity providing information pursuant to this Authorization and Release of Information, from all liability based upon the provision of that information.

Signature: _____

Date: _____

APPLICANT DATA SHEET

Dear Applicant:

We are an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, disability, or veteran status.

To help us comply with federal equal opportunity record keeping requirements, please answer the questions on this survey. In addition, the information will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant population.

Where did you hear about this position? Recruitment Card Social Media
 Webpage Job/Career Fair location: _____
 Other _____

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

NAME DATE OF APPLICATION

TITLE OF POSITION FOR WHICH YOU ARE APPLYING

Confidential Information: Please indicate appropriate sex and ethnic background category

Male Female
 Caucasian African American Asian / Pacific Islander
 Hispanic Native American / American Indian
 Other: _____

Notice to Applicants

All applicants are entitled under the law to equal employment opportunity. If you believe you have been discriminated against in employment on the basis of race, color, religion, national origin, sex, age, disability or veteran status, you are entitled to notify the Equal Opportunity Commission, 2401 E Street N.W., Washington, D.C., 20506, or other appropriate agencies.

The selection process elements are:

<i>Application Screening</i>	<i>Interviews</i>
<i>Background Investigation</i>	<i>Psychological Exam</i>
<i>Aptitude Testing</i>	<i>Administrative Review</i>
<i>Medical Exam/Drug Screen</i>	

Completion of the recruitment and selection process can take from 30 to 120 days. Applicants rejected may reapply in one year, however those applicants who are disqualified for reasons which would assure another rejection shall not be reconsidered.

**Visit our website at www.columbiacountyso.org for complete details regarding the selection process and any current job vacancies. **

APPLICANT NOTICE

Applicants requesting employment with the Columbia County Sheriff's Office must provide copies of the below listed documents when submitting an application:

Driver's License

Full body length photograph of frontal and side profile in business casual

Social Security Card

Birth Certificate

High School / College Diploma

DD214 (if prior military)

Please provide phone numbers for personal references and insure that present / past employer information is current. Please **do not** provide pager numbers.

Failure to comply with above requests will result in rejection of your application. Thank you for your interest.

The elements of the selection process are as follows: Interview, Administrative Review, Qualifications (if appropriate), and psychological/medical/drug screens. Additional information about the process may be found on the Sheriff's Office website at www.columbiacountyso.org under the Jobs tab.

Reapplication – 9-1-1 applicants who fail the multitasking data entry test may test again in 30 days, if no other disqualifying aspects exist. Rejected applicants may reapply for consideration in six months; however, those applicants who are disqualified for reasons which assure another rejection shall not be reconsidered.

Duration of the Selection Process – Completion of the recruitment and selection process can take from 30 to 120 days. Applicants found eligible, but not immediately selected, may be contacted for subsequent placement. Reapplication shall be required if the applicant is not selected within one year.

DOMESTIC VIOLENCE CONVICTION ATTESTATION

I, _____, do hereby swear and affirm that I have never been convicted of any crime, misdemeanor, or felony involving an act of family violence or domestic violence in the state of Georgia or any other state of the United States. I understand it is Federal law that anyone convicted of a crime involving domestic / family violence must surrender all of his / her firearms and may not be in possession of any firearm. I further understand that if I knowingly and willfully lie on this form, I may be charged with criminal and administrative charges.

PRINT NAME

DATE

SIGNATURE

DATE

CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

(Sworn Position Purpose Code "Z")
(Non-Sworn Position Purpose Code "J")

The passage of revisions to the federal Omnibus Consolidation Appropriations Act of 1997 and its amendment to the Gun Control Act of 1968 makes it unlawful for any person convicted of a "misdemeanor crime of domestic violence" to ship, transport, possess, or receive firearms or ammunition, including law enforcement personnel. There are no provisions in this law for exemptions.

I hereby give my consent for a criminal history record check to be conducted. I understand this consent is voluntary, however, I acknowledge that refusal to give this consent may have an adverse effect on my continued employment as a law enforcement officer.

PRINT NAME

SIGNATURE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

LAW ENFORCEMENT INVESTIGATION ATTESTATION

I, _____ , do attest that I have () or have not () been the subject of an investigation with any law enforcement agency.

The circumstances surrounding the investigation are as follows:

PRINT NAME

DATE

SIGNATURE

DATE

**Georgia Bureau of Investigation
 Georgia Crime Information Center
 Law Enforcement National Data Exchange (N-DEx)
 Notice and Consent**

I authorize any employee or representative of _____
criminal justice agency
 to search the Law Enforcement National Data Exchange (N-DEx) to obtain information
 regarding my qualification and fitness to serve as a _____
employee position

I understand that N-DEx is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in N-DEx may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEx will not be disclosed to any other person or agency unless authorized and consistent with applicable law.

I release _____
criminal justice agency
 From any liability or damage that may result from the use of information obtained from N-DEx.

Redress:

If employment is denied solely due to information obtained from N-DEx, and the applicant challenges the accuracy or completeness of those records, the denying agency shall provide the applicant with the contact information of the agency owning the information underlying the decision to deny. After receiving a written request from the applicant challenging the accuracy or completeness of the record used to deny employment, the record-owning agency shall then review the relevant information and advise the applicant in writing whether it has confirmed the accuracy or completeness of its records or whether the records will be corrected. If the applicant does not receive a response from the record-owning agency within 30 days from the date of the applicant's written request, the applicant may contact the FBI CJIS Division N-DEx Unit, 1000 Custer Hollow Rd, Clarksburg, WV 26306. The FBI shall forward the challenge to the record-owning agency for verification or correction. The record-owning agency shall then review the relevant information and advise the applicant in writing whether it has verified its records or whether the records will be corrected. Agencies should inform applicants of their responsibility to provide any corrected information to the denying agency that may assist the record owning agency in its research on behalf of the applicant.

Full Name (Print):					
Address:					
Sex:		Race:		Date of Birth:	
Social Security Number:					
Date:					
Signature:					

MEMORANDUM OF AGREEMENT

This Agreement is made this _____ day of _____, 20____, by and between _____, hereinafter referred to as “Applicant,” and the Columbia County Sheriff’s Office.

Applicant has made application for employment with the Columbia County Sheriff’s Office for a sworn position. As a consequence thereof, Applicant agrees that as a condition of employment with the Columbia County Sheriff’s Office, Applicant shall enroll in a course of study acceptable to this office and shall maintain enrollment until an Associate’s Degree is attained or disciplinary action may be taken.

The Columbia County Sheriff’s Office agrees that it shall not unreasonably restrict Applicant’s choice of said course of study, but shall reserve the right to reject any choice Applicant makes that is not reasonably related to law enforcement and the position for which Applicant had made application.

Applicant

Columbia County Sheriff’s Office Representative