

## **Deep River School Crossing Guard Application:**

<b>Application Information</b>	
Last Name:	
First Name:	
Middle Name:	
Are you over the Age of 16?	Yes                      No
Address:	
City/Town:	
Postal Code:	
Home Telephone:	
Cell Phone:	
Email Address:	

### **General Information**

Position:	Town of Deep River Crossing Guard	
Are you legally entitled to work in Canada?	Yes	No
Have you been convicted of a crime in which you have not received a	Yes	No
Are you willing to obtain a Criminal Record Check with a Vulnerable Sector Check at your expense?	Yes	No
Are you willing to work in all types of weather conditions (i.e. Extreme hot and cold temperatures and inclement	Yes	No
Are you willing to be on-call during weekdays?	Yes	No

Are you willing to work as a substitute school crossing quard?	Yes	No
Are you willing to work hours as required (i.e. unguaranteed or variable hours per week).	Yes	No
Do you have any employment or other commitments currently which may conflict with this on-call position?	Yes	No

Please submit this application form to the undersigned marked Private and Confidential "Crossing Guard"

Town of Deep River  
P.O. Box 400, 100 Deep River Road  
Deep River, Ontario, KOJ 1PO  
Email: michelle.russell@deepriverpolice.ca

I, \_\_\_\_\_ declare that all of the statements made and the information provided in this application are true.

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

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