School Crossing Guard

(Patrol Division)

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"

COLUMBIA COUNTY
SHERIFF'S OFFICE

An Internationally Accredited Law Enforcement Agency

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Evaluations of applications are based on individual merit. Information MUST BE COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability. One application must be completed for each position for which you apply. THIS APPLICATION MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS MAY BE REJECTED. RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETED APPLICATIONS.

PERSONAL INFORMATION

Name_____
first middle last

Address_____
street apt.# city state zip

Telephone Number_____ _____ _____
home work other

Social Security Number_____

Drivers License Number_____ State_____

Date of Birth_____/_____/_____

Sex: M( ) F( ) Height _____ft. _____in. Weight:_____

Eyes:_____ Hair:_____

Are you over 18 years old? ( ) Yes ( ) No
Are you a citizen of the U.S.? ( ) Yes ( ) No
Have you ever been bonded? ( ) Yes ( ) No

If yes, on what jobs_____

Were you previously employed by the Columbia County Sheriff's Office? ( ) Yes ( ) No
If yes, when_____

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? ( ) Yes ( ) 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? ( ) Yes ( ) 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? ( ) Yes ( ) No
Official Job Title	Name of Supervisor	Pay Start End
Describe Specific Job Duties		
Specific Reason for Leaving		

***A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

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Street	City State Zip Code	May we contact employer? ( ) Yes ( ) No
Official Job Title	Name of Supervisor	Pay Start End
Describe Specific Job Duties		
Specific Reason for Leaving		

***A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

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:

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

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

(LAW ENFORCEMENT OFFICERS – PURPOSE CODE "Z")

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 if 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

Current as of 02-22-12

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:

_____
_____
_____
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_____
_____

_____ _____
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:					