



MAYVILLE POLICE DEPARTMENT

25 South School Street P.O. Box 208 Mayville, WI 53050 (920)387-7903 FAX: (920)387-7918

CROSSING GUARD APPLICATION FORM

APPLICANT INFORMATION		
Name(Last, First, MI):		
Date of birth:	SSN:	Phone:
E-mail(optional):		
Current address:		
City:	State:	ZIP Code:
How long at this address? Years: Months:		
Previous address (if less than 5 years at present address):		
City:	State:	ZIP Code:
Driver's License Number:		State:
EMERGENCY CONTACT INFORMATION		
Nam(Last, First, MI):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
MISC. INFORMATION		
<p>All applicants must be at least 18 years of age. A background check will also be conducted on each applicant prior to selection.</p> <p>I certify that all the information provided in this application is true and accurate to the best of my knowledge. I understand and authorize the Mayville Police Department to verify any and all information contained on this application.</p>		
Signature of applicant:		Date:

FOR OFFICE USE ONLY		
BCK:	FILE:	NOTATION: