***Linden School Guard Application***

***Police Department-Linden, NJ***

***Traffic Bureau***

Last Name Middle First

Address City Zip

Home Phone ( ) - Mobile ( ) -

Date of Birth Place of Birth Us Citizen Y/N

NJ Driver’s License

Social Security Number

Can you read, write and speak the English language? Y/N

Do you have your own transportation? Y/N

Last School Attended Grade Completed

Previous Employer Phone ( ) -

Employment Date: From to Title:

References:

1.
2.
3.

*Signature*: *Date:*