SCHOOL CROSSING GUARD

The Dobbs Ferry Police Department is Seeking Qualified Candidates for the position of part time School Crossing Guard

Morning Crossing Time - 7:30 am to 9:00 am (1.5 Hours: Mon-Fri)

Afternoon Crossing Times - 3:00 pm to 4:00 pm (1 Hour: Mon,Tue,Thur,Fri)

2:00 pm to 3:00 pm (1 Hour: Weds)

Times and shifts may vary due to school schedule. This is a per diem position

About us

This position is overseen by the Village of Dobbs Ferry Police Department. The Police Department is seeking qualified candidates for per diem School Crossing Guard positions. Employment period will run during the school calendar year.

Duties and Responsibilities of School Crossing Guard – Civilian include but are not limited to:

Responsible to the Tour Supervisor.

Remain on post at designated times unless otherwise directed by a competent authority.

Assist school children to cross streets safely during the assigned hours of crossing.

Control traffic at the crossing as required to safely cross children.

Make proper notification to the Tour Supervisor when problems or issues arise regarding their crossing.

Notify Tour Supervisor of school children who are not following directions at the crossings, thereby jeopardizing their safety and the safety of other children.

Job Type: Per Diem/Temporary

Salary: $30.00 per hour

Schedule:

- Monday to Friday
- On call

Work Location: One location

Inquiries about this position can be directed to Lt. Travis Colvin at tcolvin@dobbsferrypolice.com

DOBBS FERRY POLICE DEPARTMENT
112 MAIN STREET
DOBBS FERRY, NY 10522

CIVILIAN EMPLOYEE APPLICATION FORM

Name: _____   _____   _____
                      Last   *First*   *Middle*

List all other names you have used, including nicknames or maiden name. If you have ever used any surnames other than your true name, indicate period and reason for such use. If you have ever legally changed your name, provide the date, place and court.

_____

_____

_____

_____

Present Address: _____
                                               (No. and Street)

_____
                                  (City, State and Zip Code)

Date of Birth: _____   _____   _____
                            Month   *Day*   *Year*

Place of Birth: _____   _____   _____
                            City/Town   *State*   *County*

Sex: _____   Social Security No. _____

Home Telephone No. (_____) _____

Cell.   (_____) _____

E-Mail   _____

Emergency Contacts:

Name / Relationship_____ Work_____ Cell_____

Name / Relationship_____ Work_____ Cell_____

CIVILIAN EMPLOYEE APPLICATION FORM

Have you ever been arrested? ☐ Yes ☐ No
If yes, explain below for each and every occasion:

Date	Location	Reason

Applicant Signature _____

Date_____

Received By_____