



The Corporation of the Town of Oakville  
Applications for Part-Time Employment  
School Crossing Guard

**Applicant Information**

			Yes	No
Surname	Given Names	Name Commonly Used	Are you over 18 years of age?	
Address		City	Postal code	
Home Telephone		Cell Phone	Other	

**Employment Information:**

Crossing Guards are required to work from the beginning of the school year in September until the end of the school year in June.

Crossing Guards are required to work a minimum of two shifts and up to three shifts daily as required by the assigned location. Shifts are in the morning prior to school, lunch hour, and dismissal time at the end of the school day. Hours of work vary between 7:40 AM and 4:15 PM.

Crossing Guards work Monday to Friday, a minimum of ten hours per week up to 15 hours per week.

All successful candidates must request, pay for and submit an original **Criminal Records Check** with a **Vulnerable Sector Screening** prepared by the Halton Regional Police Services prior to confirmation of employment.

**Education Background:**

Grade Completed /Grade School/ High School \_\_\_\_\_

Technical/Vocational: \_\_\_\_\_

College/University: \_\_\_\_\_

For more information, visit [oakville.ca](http://oakville.ca) or contact the Crossing Guard Office at:  
**905-845-6601, ext. 3363 or [crossingguards@oakville.ca](mailto:crossingguards@oakville.ca)**

Mail or deliver complete application to: **Crossing Guard Office**  
**Town of Oakville**  
**1225 Trafalgar Road**  
**Oakville, ON, L6H 0H3**

**Employment History**

Name of Employer: _____	From/To: _____	
Name of Supervisor: _____	Position: _____	
Telephone: _____	Duties: _____	
Reason for Leaving: _____	Salary: _____	
May we contact the above employer?	Yes	No

Name of Employer: _____	From/To: _____	
Name of Supervisor: _____	Position: _____	
Telephone: _____	Duties: _____	
Reason for Leaving: _____	Salary: _____	
May we contact the above employer?	Yes	No

**State any relevant experience.**


I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Personal information on this form is collected under the authority of Section 270 (1) of the Municipal Act 2001, Chapter 25 and will be used by Human Resources staff to determine qualifications for employment with the Town of Oakville. Questions about this collection should be addressed to: Human Resources Consultant, Human Resources, Town of Oakville 1225 Trafalgar Road, Oakville Ontario L6J 5A6 Phone 905-845-6601 ext. 3241