

SCHOOL CROSSING PATROL SERVICE

Form of application for appointment as
SCHOOL CROSSING PATROL

A AT

B RELIEF PATROL

For office use only

Surname		Fornames		Mr Mrs Miss Ms
Previous or other name		Maiden Name		
Date of Birth	Place of Birth		Marital Status	

Interview	
Appointment	
W.E.F.	
Letter of Aco	
W.P. Applied	
W.P.Granted	
Med. Cert/	
X-Ray	
Police	

Home or permanent address	No. of Children	Ages of Children
	Do you require a Work Permit YES/NO _____	
	If NO please state why _____	
Date of residence at the above address		
From: To:		
Telephone No:		

Previous Address	Indicate the Area for which you are applying
	Do you hold a current ddriving licence YES/NO
Date of residence at the above address	
From: To:	Do you have your own transport YES/NO

Height _____ Ft in Shoe size _____ Chest/Bust _____

Head Size S M L Hat size _____

Name and address and telephone number of next of kin _____

Do you suffer from any of the following:-

Epilepsy, convulsions, ear trouble or deafness, defect of eyes, tuberculosis of any organ (lung, joints, etc) diabetes, heart disease or skin ailment. If so give particulars.

Department of Transport

PRESENT EMPLOYMENT	Title _____
	Type of work _____
Employer's Name and Address	From _____ To _____
PREVIOUS EMPLOYMENT	Title _____
	Type of work _____
Employer's Name and Address	From _____ To _____
Have you good eyesight with or without glasses ?	
Do you suffer from any deformity of the body?	
If so give details	

REFEREES	
Please provide names and addresses of two persons from whom references can be obtained. If employed, one referee should normally be your present employer. Please indicate where marked, if you agree to an approach being made.	
1	2
Can your present employer be contacted ? YES/NO	

ANY OTHER INFORMATION ie previous involvement with children, knowledge of first aid, etc.

Have you ever been convicted of a criminal offence?	YES/NO	<i>Delete as appropriate</i>
<i>This is an excepted employment under Part II of Schedule 1 to the Rehabilitation of Offenders Act 2001 (Exemptions) Order 2001. You are therefore not entitled to withhold information about any convictions whether they be considered to be "spent" under the Rehabilitation of Offenders Act 2001 or not.</i>		
If yes, please give particulars (offence, judgement and date) _____		
1	I declare that the information given above is, to the best of my knowledge, complete and correct.	
2	I hereby give permission for a police check to be carried out if I am offered an appointment.	
Signed _____		Date _____

CANVASSING DIRECTLY OR INDIRECTLY WILL DISQUALIFY A CANDIDATE

THIS FORM IS TO BE RETURNED to Mrs V Moore, School Crossing Patrol Supervisor, Road Safety Unit, Ballafletcher Road, Tromode, Braddan, Isle of Man IM4 4QJ.