

# City of Logansport

<b>Job Title:</b>	School Crossing Guard	<b>Job Category:</b>	Part Time
<b>Department/Group:</b>	Police	<b>Job Code/ Req#:</b>	
<b>Location:</b>	<i>To be assigned.</i>	<b>Travel Required:</b>	
<b>Level/Salary Range:</b>	\$8.00 - \$26.26 per hour	<b>Position Type:</b>	
<b>HR Contact:</b>	Marla Evanich	<b>Date posted:</b>	12/9/21
<b>Will Train Applicant(s):</b>	yes	<b>Posting Expires:</b>	12/21/21
<b>Applications Accepted By:</b>			
<p><b>Applications can be printed from City webpage or picked up at the Logansport Police Records office.</b></p> <p><b>Contact or Return by E-mail:</b></p> <p>Adam Morrow 574-725-2820 or amorrow@logansportpolice.com</p>		<p><b>You can also Mail to:</b></p> <p>Return to Logansport Police Records Office or email to amorrow@logansportpolice.com</p>	
<b>Job Description</b>			
<p><b><u>PRINCIPLE PURPOSE OF JOB</u></b></p> <ul style="list-style-type: none"> <li>• Direct pedestrians across streets after assessing traffic flow to identify breaks to allow for visibility and safe crossing.</li> <li>• Guide motorists through traffic patterns designed to keep pedestrians safe, and inform drivers of detours if required.</li> </ul> <p><b><u>ADDITIONAL DETAILS</u></b></p> <p>Contact Adam Morrow for more details.</p> <p><b><u>REQUIREMENTS:</u></b></p>			
<b>Approved By:</b>	Marla D. Evanich	<b>Date:</b>	Nov 9, 2021



# PRE-APPLICATION FOR EMPLOYMENT FOR THE LOGANSPORT POLICE DEPARTMENT

## An Equal Opportunity Employer

**TO APPLICANT:** You may request any needed accommodation to participate in the application process. Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. In addition to completing this form, you may attach a resume detailing your professional, educational, and social activities. If there are any other experiences, skills, or qualifications which you feel would especially fit you for the work with the department, you may attach an additional sheet. Applicant is responsible for notifying this office of any changes of address or telephone number.

DATE: \_\_\_\_\_ POSITION(S) APPLIED FOR: \_\_\_\_\_

### I. PERSONAL DATA

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
Last First Middle Initial

PRESENT ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
Number Street City State Zip Code

Have you ever been previously employed by the city? \_\_\_\_\_ If yes, in what department?

\_\_\_\_\_ Name of Supervisor \_\_\_\_\_

What date are you available for work? \_\_\_\_\_ What shifts? \_\_\_\_\_

Would you work: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Specify days and hours if part time

Expected Rate of Pay \_\_\_\_\_ Date of Birth \_\_\_\_\_

### II. EDUCATIONAL INFORMATION

School	Name and Address of School	Course of Study	Circle highest grade completed	Did you graduate	List diploma or degree
Elementary			5 6 7 8	____ yes ____ no	
High School			1 2 3 4	____ yes ____ no	
College			1 2 3 4	____ yes ____ no	
Technical			1 2 3 4	____ yes ____ no	

List any other relevant training received:



V. Are you able to perform the essential functions of the job for which you are applying with or without accommodations? \_\_\_\_\_

VI. Please answer the following questions if checked:

- 1. Do you have a valid Indiana driver's license? \_\_\_\_\_
- 2. Do you have a valid Indiana public passenger license? \_\_\_\_\_
- 3. Do you have a valid Indiana commercial driver's license (CDL)? \_\_\_\_\_  
If yes, what endorsements? \_\_\_\_\_
- 4. Have you ever been convicted of a felony? \_\_\_\_\_

**VII. PERSONAL REFERENCES**  
*(Not Former Employers or Relatives)*

Name and Occupation	Address	Telephone

We offer equal employment opportunities to all persons without regard to race, color, creed, religion, age, marital or veteran's status, sex, national origin, disability or any other legally protected status.

**VIII. PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal, educational, or work history except where I have specifically indicated otherwise in this application. In the event that I am employed by the Logansport Police Department, I agree to comply with all of its orders, rules and regulations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT - Do not write on these spaces  
FOR POLICE PENSION BOARD USE ONLY**

INTERVIEW	DATE	COMMENTS