



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.  
ACCREDITED LAW ENFORCEMENT AGENCY

**SCHOOL CROSSING GUARD APPLICANT INFORMATION**

PLEASE LEGIBLY PRINT ALL INFORMATION

NAME \_\_\_\_\_ PRECINCT \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ S.S # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE NO. (\_\_\_\_) \_\_\_\_\_ WORK PHONE NO. (\_\_\_\_) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DISTRIBUTION: PRECINCT SCG SUPERVISOR

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