



**Letter of Instructions to Applicants for the Position of
SUBSTITUTE ON-CALL SCHOOL CROSSING GUARD (Part-Time)**

Deadline for Receipt of Completed Applications –Tuesday, September 14, 2010

Thank you for your interest in the School Crossing Guard (Part-Time) position. Materials in this packet will tell you more about the position, how to make formal application, and requirements each applicant must satisfy to be eligible for placement.

To aid you in filling out the application materials, we would offer these suggestions:

1. Carefully read the position description and position qualifications included in the application packet. Please be sure the Application for Employment form that you complete and return has information that shows you meet the qualifications described. You may also enclose any materials that help establish your qualifications for the position.
2. Complete the Application for Employment form. Read and sign the statement at the bottom of the last page.

Completed applications should be delivered or addressed to:

HR DIRECTOR
City of Kaukauna
201 West Second Street
Post Office Box 890
Kaukauna, WI 54130-0890

COMPLETED APPLICATIONS MUST BE RECEIVED BY 4:00 P.M. ON TUESDAY, SEPTEMBER 14, 2010. AN EXCEPTION SHALL BE MADE FOR APPLICATIONS WHICH ARE MAILED AND POSTMARKED NO LATER THAN MIDNIGHT ON TUESDAY, SEPTEMBER 14, 2010.

At some point during the process leading to the appointment, it may be necessary to disclose the name of applicants under consideration, their address, and current employer. The possible disclosure of this information is made necessary by provisions in the Wisconsin Public Records Law and the interpretation of these provisions by legal counsel and the courts as they apply to information made available to units of government by prospective employees. Other information you provide will, normally, not be made available except to officials involved in the screening, testing, and selection process.

If you have further questions, write to the address listed above or call Human Resources at (920) 766-6375.



City of Kaukauna
 201 W. Second Street
 P.O. Box 890
 Kaukauna, WI 54130
 (920) 766-6310
 fax: (920) 766-6324

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 Please print or type

PERSONAL DATA	POSITION APPLYING FOR: Substitute School Crossing Guard (Part-Time)				
	Name:	Last	First	Middle	Social Security Number - -
	Present Address:	Street	City	State ZIP	Home Phone
	Permanent Address: (If different from above)				Work Phone
	Are you eligible for employment in the U.S.A.? Yes _____ No _____				
	If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____				
	Have you ever been convicted of a felony or do you currently have a felony charge pending? If yes, please attach a separate sheet giving full information. Yes _____ No _____				

EDUCATION	Did you graduate from high school or do you possess a GED? Yes _____ No _____			
	Name and location of high school:			
	Training beyond high school: List any colleges, universities, technical schools or other schools you have attended.			
	Name and Location	Credits Earned	Major Field	Degree Conferred

MILITARY SERVICE	Branch of Service	Active Duty Or Reserve?	Highest Grade	Skill Specialty or Primary Duty
	List special schools attended or skills acquired during Military Service			

WORK EXPERIENCE

Job Title				Name of Employer
From Mo. / Yr.	To Mo. / Yr.	Ending Salary / Wage	Approximate Hours Per Week	
Duties Performed				Employer's Address
				Immediate Supervisor
Reason For Leaving				Employer's Phone Number
Job Title				Name of Employer
From Mo. / Yr.	To Mo. / Yr.	Ending Salary / Wage	Approximate Hours Per Week	
Duties Performed				Employer's Address
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				Immediate Supervisor
Reason For Leaving				Employer's Phone Number

REFERENCES (do not include relatives)	Name	Address
	Position/Title/Profession	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?
	Name	Address
	Position/Title/Profession	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?
	Name	Address
	Position/Title/Profession.	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?

AUTHORIZATION AND WAIVER	<p>I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Kaukauna shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.</p> <p>I hereby understand and acknowledge that, unless the position applied for is a represented position, any employment relationship with the City is of an "at will" nature, which means that the employee may resign at any time or the employer may discharge the employee at any time with or without cause.</p> <p>I also understand, as required by City ordinance, that anyone employed by the City of Kaukauna must live within the defined residency area within the time established for the position.</p> <p>This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>Applicant Signature: _____ Date: _____</p>
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INTERNAL USE ONLY	DATE APPLICATION RECEIVED:	BY WHOM:
	REVIEWED BY:	DATE:
	COMMENTS:	

CITY OF KAUKAUNA
Position Description

POSITION:	SCHOOL CROSSING GUARD (Part-Time)
DEPARTMENT:	Police
REPORTS TO:	Police Executive Secretary
SUPERVISES:	None

POSITION SUMMARY

To provide for safe movement of children to and from school when crossing public roadways and intersections by observing gaps in the traffic and leading the children across the roadway or intersection. Crossing guards may engage in traffic direction or control only as necessary.

This position is expected to work approximately two hours per shift, morning and afternoon, Monday through Friday, during the public school year (August through June). Specific hours to be worked will be set by the Police Executive Secretary and may vary according to demand and workload.

MAJOR POSITION DUTIES

1. Assists children on their way to and from school in safely crossing roadways and intersections.
2. Watch for gaps in traffic and walk children across the roadway or intersection while holding a stop sign in such a manner as to be visible to approaching vehicles.

QUALIFICATIONS

(Knowledge, skills, and experience necessary to do the job well.)

- Must have the ability to follow oral and written instruction.
- Must have the ability to deal effectively and courteously with associates and the general public.
- Shall be in physical condition that will permit adequate job performance, including some lifting.
- Must successfully complete a structured training program.
- Required to attend biannual meetings.
- Must not currently be or have been within the last 10 years on court ordered community supervision or probation for any criminal offense of the grade of a Class B misdemeanor or above.
- May not have been convicted of an offense of the grade of a Class B misdemeanor or above within the last 10 years.
- May not have been, at any time, convicted of a felony offense or any family violence offense.

CITY OF KAUKAUNA

Position Description

School Crossing Guard (Part-Time) – Page 2

This description has been prepared to assist in evaluating various classes of responsibilities, skills, and working conditions. It indicates the kinds of tasks and levels of work difficulty required of positions given this classification. It is not intended as a complete list of specific duties and responsibilities. Nor is it intended to limit or modify the right of any supervisor to assign, direct, and control the work of employees under supervision. Nothing contained herein is intended or shall be construed to create or constitute a contract of employment between any employee or group of employees and the City. The City retains and reserves any and all rights to change, modify, amend, add to, or delete from any section of this document as it deems, in its judgment, to be proper.

Authorized by: _____

Mayor

Effective Date

I have read and understand my job description:

Employee Signature

Date

CONFIDENTIAL
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION
City of Kaukauna

The City of Kaukauna is an equal opportunity employer. The Federal government requires the City to periodically compile and report data on applicants and employees. This form helps the City collect the needed data. As completed employment applications are received, this form is removed and kept separate from other application materials. City officials involved in making hiring decisions do not have access to the information you provide nor will information you provide be used in making hiring decisions. Your cooperation will be appreciated.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

CITY/VILLAGE/TOWN: _____

DATE OF BIRTH: ____/____/____ SEX: MALE FEMALE

POSITION APPLIED FOR: _____

DATE OF APPLICATION: ____/____/____

ETHNIC CATEGORY (Check one):

- AMERICAN INDIAN OR ALASKAN NATIVE. All persons having origins in any of the original peoples of North America.
- ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This includes, for example, China, Japan, the Philippine Islands, and Samoa. Also, persons from the Indian subcontinent including people with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.
- BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups.
- HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish culture regardless of race.
- WHITE (not of Hispanic origins). All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

SPECIAL CATEGORY: Do you wish to identify yourself as:

- A QUALIFIED HANDICAPPED INDIVIDUAL who (1) has a physical or mental impairment which substantially limits one or more of a person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his or her handicap?
- A QUALIFIED DISABLED VETERAN who (1) is entitled to disability compensation under laws administered by the U.S. Veterans Administration for disability rated at 30% or more, or (2) whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, or (3) is capable (qualified) of performing a particular job with reasonable accommodation to his or her ability?
- A VIETNAM ERA VETERAN who actively served for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was released with other than a dishonorable discharge, or was released from such active duty for a service-connected disability and was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976?

Consent to Conduct a Pre-employment/Volunteer Background Investigation

Adult applicants for EMPLOYMENT / who VOLUNTEER for City of Kaukauna are required to have a pre-employment/volunteer background investigation completed. I understand that the following personal records are subject to being queried and reviewed by DIVERSIFIED investigations, llc:

- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|---|--------------------------|------------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|---|--------------------------|-------------------------|--------------------------|----------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Social Security/Address Verification</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Local law enforcement queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Sexual offender database queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Public database queries</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>State criminal/civil queries</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Driver's license records</td></tr> </table> | <input checked="" type="checkbox"/> | Social Security/Address Verification | <input checked="" type="checkbox"/> | Local law enforcement queries | <input checked="" type="checkbox"/> | Sexual offender database queries | <input checked="" type="checkbox"/> | Public database queries | <input checked="" type="checkbox"/> | State criminal/civil queries | <input type="checkbox"/> | Driver's license records | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Reference Checks</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Neighborhood Canvass</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Drug screening</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Education and Professional License Verification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Employment Verification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Credit Report / Civil Litigation</td></tr> </table> | <input type="checkbox"/> | Reference Checks | <input type="checkbox"/> | Neighborhood Canvass | <input type="checkbox"/> | Drug screening | <input type="checkbox"/> | Education and Professional License Verification | <input type="checkbox"/> | Employment Verification | <input type="checkbox"/> | Credit Report / Civil Litigation |
| <input checked="" type="checkbox"/> | Social Security/Address Verification | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Local law enforcement queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Sexual offender database queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Public database queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | State criminal/civil queries | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Driver's license records | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Reference Checks | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Neighborhood Canvass | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Drug screening | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Education and Professional License Verification | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Employment Verification | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Credit Report / Civil Litigation | | | | | | | | | | | | | | | | | | | | | | | | |

I further understand that the results of this investigation will be forwarded to City of Kaukauna and that agents of DIVERSIFIED investigations, llc will not discuss the findings of the investigation with anyone other than appropriate members of the City of Kaukauna staff. I understand that the background investigation will not be used for any purpose other than assessing my suitability for the position for which I have applied/volunteered.

Therefore, I do hereby grant permission to City of Kaukauna, and DIVERSIFIED investigations, llc, to conduct a pre-employment/volunteer background investigation. I understand that this consent is revocable. All information is subject to the Fair Credit Reporting Act (FCRA--see www.ftc.gov).

TO BE COMPLETED BY APPLICANT

The Following Information Is for Identification and Investigative Purposes Only.
Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name																									
First Name																									
Middle Name																									
Current Address																							Apt.#		
City																			State	Zip					
Social Security Number																									
Date of Birth													Sex: (circle one) Male / Female						Race: _____						
Driver's License No.																			State						
Other Last Names Used (Include Maiden Names)																									
LIST EVERY CITY AND STATE YOU HAVE EVER LIVED	STATE	CITY	STATE	CITY	STATE	CITY	STATE	CITY	STATE	CITY															
Have you EVER been arrested, convicted or do you have any charges pending? You must include ANY arrests, even if the charges were DISMISSED or EXPUNGED. This includes any citations for traffic or City ordinance violations. (NOTE**An arrest can occur without being taken to jail)																						<input type="checkbox"/> YES <input type="checkbox"/> NO			
MANDATORYProvide All City and States where you have been arrested, convicted or have charges pending below:																									
City	State	Charge	City	State	Charge																				
Applicant Signature: _____ Date: _____																									

My consent will remain in force for a period no longer than a year from the date this document is signed.

To Whom It May Concern:

I am an applicant for a position with City of Kaukauna. I understand that there is a need to thoroughly investigate my background to evaluate my qualifications to hold the position for which I have applied. It is in the public's safety interest that any relevant information concerning my personal and employment history is disclosed to City of Kaukauna, via DIVERSIFIED investigations, llc.

I hereby authorize any employee of DIVERSIFIED investigations, llc to obtain any and all information, written or oral, typed or hard copy, which you may have concerning me, including any criminal or driving record, police contacts including: arrest information, suspect information, history of medical/mental contacts, warnings, reporting person, investigatory file complaints, grievances, civil, criminal, and any other records relating to my reputation, conduct, and financial and credit status.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for City of Kaukauna to consider in determining my suitability for employment with City of Kaukauna.

It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to the release of any and all public and private information that City of Kaukauna has concerning me.

I hereby release and hold harmless any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature. I direct you to release such information upon request of the representative of DIVERSIFIED investigations, llc, regardless of any agreement I may have made with you previously to the contrary. City of Kaukauna will discontinue processing my application if you refuse to disclose the information requested.

I hereby waive my rights held under Wisconsin Supreme Court decision in Woznicki v. Erickson, 202 Wis. 2d 178, 193 (Wis. 1996), that allows me to inspect, review, personally view, or have produced to me the contents of this background investigation, including having the circuit court review your decision to release these records. I further understand that the released documents may adversely implicate my privacy interest and/or reputation.

A photocopy of this two-page authorization, when supplied by an employee of DIVERSIFIED investigations, llc, shall be for intent and purpose as valid as the original. You may retain the photocopy for your files.

Signature: _____ Date: _____

Printed Full Name: _____

Address: _____

Phone number: _____

Date of Birth: _____

The above named person personally came before me and signed this Authorization for the Release of information and Release form Liability after having had the opportunity to review the same.

Signature of witness

Printed name of witness

City of Kaukauna

**COMPENSATION FOR
SCHOOL CROSSING GUARD (Part-Time)**

The starting wage for School Crossing Guard is \$11.15 per hour.

