

Application for Appointment as School Crossing Patrol

A At

B Relief Patrol

Please complete in BLOCK CAPITALS and in black ink.

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

Personal Details

Surname Mr Mrs Miss Ms Delete as appropriate

Forename(s)

Previous or other name

Maiden Name

Date of Birth

Place of Birth

Marital Status

Home or Permanent Address

 Postcode

Date of residents at the above address From To

Telephone Number

Number of Children Ages of Children

Do you require a Work Permit? Yes No

If **No**, please state why

Previous Address

 Postcode

Date of residents at the above address From To

Indicate the Area for which you are applying

Do you hold a current driving licence? Yes No

Do you have your own transport? Yes No

Personal Details (continued)

Height

Ft in

Shoe size

Chest/Bust

Head Size

S M L

Hat size

Name, Address and Telephone Number of Next of Kin

Do you suffer 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 details.

Have you good eyesight with or without glasses?

Yes

No

Do you suffer from any deformity of the body?

Yes

No

If so give details.

Present Employment

Title

Type of work

Date of Employment

From

/ /

To

/ /

Employer's Name and Address

Postcode

Previous Employment

Title

Type of work

Date of Employment

From

/ /

To

/ /

Employer's Name and Address

Postcode

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

Previous involvement with children, knowledge of first aid, etc.

Have you ever been convicted of a criminal offence?

Yes

No

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 Rehabilitation of Offenders Act 2001 or not.

If **Yes**, please give details (offence, judgement and date).

Declaration

I declare that the information given in this application is, to the best of my knowledge, complete and correct.

I hereby give permission for a police check to be carried out if I am offered an appointment.

Signed

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Date

/	/
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Canvassing directly or indirectly will disqualify a candidate

When completed this form should be returned to:

**Office of Human Resources
2nd Floor St Andrew's House
Finch Road
Douglas
Isle of Man
IM1 2PX**