

THE CITY OF KNOXVILLE
CIVIL SERVICE
JOB ANNOUNCEMENT

Civil Service Department, Suite 569, City County Bldg, 400 Main Street, Knoxville, TN 37902 (865) 215-2106. web: www.cityofknoxville.org

CROSSING GUARD

9002

11/01/08

Drug testing is required.

THIS IS A SEASONAL, EVENT-RELATED POSITION EXEMPT FROM CIVIL SERVICE STATUS.

WORK HOURS: Typical work hours are 7:00 a.m. – 8:00 a.m. and 2:00 p.m. – 3:00 p.m. Monday through Friday.

PAY RATE: The pay rate for Crossing Guard is **\$20.00/event** which equals **\$40.00/day**.

APPLICANTS MUST SUBMIT AN OFFICIAL APPLICATON TO THE CIVIL SERVICE DEPARTMENT FOR CONSIDERATION.

RESPONSIBILITIES

Crossing Guards are responsible for working the school zones within the City limits in the mornings and afternoons in order to assist children in crossing the streets. This includes controlling and directing motor vehicles and pedestrian traffic in helping individuals to safely cross streets and intersections; controls the flow of traffic in order to prevent congestion; reports traffic violations to superiors; records license numbers of vehicles which violate school zone traffic regulations.

MINIMUM REQUIREMENTS

Ability to deal tactfully and courteously with the public.

Ability to enforce established regulations.

Ability to read and write.

Knowledge of traffic regulations related to school zones, crosswalks, parking, yielding right-of-way, etc.

SELECTION PROCEDURE

No formal selection procedure exists for this classification. Applicant names will be forwarded to the Knoxville Police Department for consideration until all vacancies are filled.

Note: Background checks will be conducted.

AN EQUAL OPPORTUNITY EMPLOYER

The City of Knoxville does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran status or disability condition in employment opportunities.

**CITY OF KNOXVILLE
CIVIL SERVICE DEPARTMENT
APPLICANT INFORMATION FORM**

Please complete and submit this form with your application. In order to comply with Federal regulations, this information is required. No information contained on this form will be used in making employment decisions. (TYPE OR PRINT NEATLY USING BLACK INK)

Social Security Number: _____ Date of Birth: _____ Sex: _____
 _____ - _____ - _____ MM / DD / YY Male Female

Name: _____
 (First) (Middle) (Last)

Mailing Address: _____

 (City) (State) (Zip Code)

Home Phone: (_____) - _____ - _____ Business Phone: (_____) - _____ - _____
 (Area Code) (Area Code)

Cell Phone: (_____) - _____ - _____ E-mail Address: _____

Race: (select one or more)

- American Indian or Alaskan Native** (Persons having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. To include for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American** (Persons having origins in any of the Black racial groups of Africa)
- Hispanic or Latino** (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Native Hawaiian or other Pacific Islander** (Persons having origins in any of the original peoples of Guam, Hawaii, Samoa, or other Pacific Islands)
- White** (Persons having origins in any of the original peoples of Europe, the Middle East or North Africa)

EMPLOYMENT STATUS: (select one)

- Not a City of Knoxville Employee Current City of Knoxville Employee Former City of Knoxville Employee

TYPE OF EMPLOYMENT DESIRED: (select one)

- Permanent Full-Time Permanent Part-Time Temporary Full-Time Temporary Part-Time Any

Do Not Write Below This Line -- For Civil Service Use Only

Employment Status: _____	Date of Application: ____/____/____	Date Received
Date of Employment: ____/____/____	Class Code: _____	
Date of CS Status: ____/____/____	Date of Test: ____/____/____	
Satisfactory Perf. Rating: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of Test: _____ AM PM	
Veteran's Status: _____ <input type="radio"/> DD214	T & E Score: _____	

- Application (signed/dated) Resume Transcripts Diploma T&E/Supplemental Licenses/Cert. Accommodation Request

Comments: _____

Rec'd By: _____

- Educ. _____ Lic./Cert. _____ Past Deadline Enter Score Application Incomplete Failed T&E
 Exp. _____ Pref. _____ Schedule for Test Unqualified Others More Qualified Other _____

**APPLICATION FOR EMPLOYMENT
CITY OF KNOXVILLE, TENNESSEE**

**400 Main Street, Suite 569 • City County Building • P.O. Box 1631 • Knoxville, TN 37901
Telephone: (865) • 215-2106 • Jobline: (865) • 215-2JOB (215-2562) • Telecommunication Device (TDD) (865) • 215-2900**

The City of Knoxville provides a public personnel system based on merit principles. Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law. The City of Knoxville complies with the provisions of the Non-Smoking Protection Act. **Notice to Applicants with Disabilities:** If you require accommodation(s) in the application or testing process, you must submit a completed City of Knoxville Applicant Accommodation Request form to the Civil Service Office.

APPLICATION INFORMATION

<i>Title of Position Desired</i>	<i>Date</i>	<i>CIVIL SERVICE USE ONLY</i>
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Are you a current City of Knoxville employee? Yes No
If yes, please list: _____ Hire Date: _____

Current Job Classification	Department	Supervisor
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GENERAL INFORMATION

First Name	Middle Name	Last Name
Street Name	Apartment No.	City State Zip
Home Telephone: (____) - _____		Business Telephone: (____) - _____
Social Security Number: _____		E-mail Address: _____
Driver's License Number: _____	State: _____	Type of License: _____

Are you at least 18 years old? Yes No, If no employment is subject to verification that you are of minimum legal age.
Have you ever been convicted of any felony, misdemeanor or violation of any law, ordinance, or police regulation?
No Yes If yes, explain fully what, where, and results (i.e., paid fine, served jail sentence, etc.). Conviction will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence **of the conviction to the job** will all be considered. _____

EDUCATION

Institution	Name	Location (City & State)	Major	Degree/Hours	Year
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School					
College #1					
College #2					
Graduate School					

VETERANS ONLY

Was your discharge other than "Honorable or "Under Honorable" conditions? No Yes If yes, explain fully: _____

Branch of Service: _____ Date enlisted: ____/____/____ Date of Separation: ____/____/____

Did you receive a medical discharge? No Yes If yes, what is your disability rating? _____%

You must submit a copy of your discharge (DD214) with the application.

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Employment History

Begin with your current or most recent employer and provide the information requested.

1.

Company Name

Phone: (____) - ____ - ____

Address

City

State

Zip Code

Job Title

Name of Supervisor

Job Duties: _____

Did you operate a vehicle requiring a CDL for this job? _____ Yes No

Employment Dates (Mo./Yr.) From _____ To _____ Annual Salary: Start \$ _____ End \$ _____

Reason for Leaving: _____ May we contact this employer? Yes No

2.

Company Name

Phone: (____) - ____ - ____

Address

City

State

Zip Code

Job Title

Name of Supervisor

Job Duties: _____

Did you operate a vehicle requiring a CDL for this job? _____ Yes No

Employment Dates (Mo./Yr.) From _____ To _____ Annual Salary: Start \$ _____ End \$ _____

Reason for Leaving: _____ May we contact this employer? Yes No

3.

Company Name

Phone: (____) - ____ - ____

Address

City

State

Zip Code

Job Title

Name of Supervisor

Job Duties: _____

Did you operate a vehicle requiring a CDL for this job? _____ Yes No

Employment Dates (Mo./Yr.) From _____ To _____ Annual Salary: Start \$ _____ End \$ _____

Reason for Leaving _____ May we contact this employer? Yes No

Additional Skills or Qualifications: _____

Have you ever been discharged or asked to resign from any job? No Yes If yes, please explain:

Read and Sign: These answers are true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration from employment or my immediate discharge if I am hired, regardless of when discovered. I authorize the City of Knoxville to make a thorough investigation of all statements contained in this application, my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I understand that drug testing is required for entry-level appointments.

Signature of Applicant: _____ Date: _____

This application cannot be processed without a signature.

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