

CITY OF LYNN POLICE DEPARTMENT
300 WASHINGTON STREET
LYNN, MASSACHUSETTS 01902
(781) 595-2000
FAX (781) 477-4432

Michael A. Mageary
Chief of Police

Leonard E. Desmarais
Deputy Chief

Edward W. Blake
Deputy Chief

70 Years or Older

TO: Safety Officer Anne Magner

FROM: Name: _____ Date of Birth: _____

Address: _____ SSN: _____

School Crossing Guards are responsible for directing traffic at assigned crossings to protect School children and to provide for the orderly movement of traffic.

GENERAL DUTIES AND RESPONSIBILITIES

1. Report directly to assigned crossing station, be on time and remain there for a least one hour or until the conclusion of the assignment.
2. Ensure that children use the proper crossing locations and that no children are in the street while traffic is moving.
3. Be alert for present or potential traffic hazards in the area surrounding the assigned crossings.
4. Have vision in both eyes and able to hear in both ears.

I certify the above named individual is physically capable of performing the general duties of the Crossing Guard without any physical impairment.

Physician Signature

Date

Print Physician Name

Telephone Number

Address

City Zip Code

LYNN POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, have filed an application for employment with the Lynn Police Department and consent to have an investigation made as to my criminal history and fitness for the position of School Crossing Guard with the Lynn Police Department.

I authorize any investigator of the Lynn Police Department to obtain any information relating to my activities, and I authorize and request every person, firm, corporation, company, governmental agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to the Lynn Police Department any such information including but not limited to, documents, records or files regarding charges or complaints filed against me, formally or informally, pending or closed, or any other pertinent data. I further authorize and request that any investigator of the Lynn Police Department be allowed to inspect and make copies of such documents, records, or other information.

I authorize custodians of record and sources of information pertaining to me, to release such information upon request of an investigator of the Lynn Police Department, regardless of any previous agreement to the contrary.

I release, discharge and exonerate the Lynn Police Department, its agents and representatives, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information, or investigations made by or on behalf of the Lynn Police Department.

I understand that the information released by record custodians and sources of information is for official use by the City of Lynn, Massachusetts only and will be re-disclosed by the City of Lynn only as allowed by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. Keepers of records and other sources of information shall only honor this release if it is presented with 120 days from the date signed.

Signature

Date

Printed Name

SS#

Witness