

CITY OF LYNN POLICE DEPARTMENT  
300 WASHINGTON STREET  
LYNN, MASSACHUSETTS 01902  
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**Michael A. Mageary**  
Chief of Police

**Leonard E. Desmarais**  
Deputy Chief

**Edward W. Blake**  
Deputy Chief

**CROSSING GUARD APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Do you have an automobile? \_\_\_\_\_

Do you have any medical defects or problems that would not allow you to be a School Crossing Guard? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have good vision in both eyes? \_\_\_\_\_ If no, explain \_\_\_\_\_

Are you currently receiving a medical disability or retirement? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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IN CASE OF AN EMERGENCY CONTACT THE FOLLOWING PERSON:

Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Second Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I have read and filled out all the above information to the best of my ability. I also understand that when I reach the age of 70, I am required to have a physician certify that I am in good health and able to perform the duties of a Crossing Guard. I also understand that false statements maybe reason for dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**THIS FORM MUST BE RETURNED TO OFFICER MAGNER**

# 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