

School Crossing Supervisor Employment Application



Personal details

Family name	Given name/s
<input type="text"/>	<input type="text"/>

Date of birth	Telephone number	Mobile number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	<input type="text"/>

Residential address	Postcode
<input type="text"/>	<input type="text"/>

Postal address (if same as residential write "as above")	Postcode
<input type="text"/>	<input type="text"/>

Next of kin or an emergency contact name	Relationship to you	Contact telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>

Applicant's declaration

I understand that, if I am selected as the preferred applicant for the position of School Crossing Supervisor:

- I am required to undertake a health assessment with a Government Medical Officer or other duly qualified medical practitioner and be declared suitable for the occupation of School Crossing Supervisor according to the guidelines in the "Notes for Medical Practitioner" on the School Crossing Supervisor Health Assessment Form (F3064)
- I am required to have a current Blue Card or my Blue Card is being renewed and I have submitted an application to renew or Confirm Valid Blue Card exists with the Commission for Young People and Child Guardian (CCYPCG).
- Under Section 122F of the *Transport Operations (Road Use Management) Act 1995* provide in writing any charge laid.

I declare that all the information provided is true and correct and I understand that should any of the particulars be found to be false or misleading, action may be taken to withdraw any offer of employment or to annul any appointment already made.

Signature	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

All correspondence relating to this Application MUST be returned to the school Principal.

Privacy Disclaimer
Queensland Transport collects the personal information on this form for administrative purposes relating to the School Crossing Supervisor Scheme. Authorised departmental officers have access to this information and will not disclose your personal information to any other third party without your consent or unless required by law.



Please complete this portion.
(It will be returned on receipt of the application)



(Please print your name and address in this space)

Your application for the advertised position has been received by the Department.

Date received
<input type="text"/>

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