

# City of Milford, Connecticut

## DEPARTMENT OF POLICE

430 Boston Post Road \* Milford, CT 06460-2570

Telephone (203) 878-6551

### APPLICANT INFORMATION

#### PART 2

#### *School Crossing Guard*

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Are you presently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill in the following:

Physician's name \_\_\_\_\_

Address \_\_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_

2. Have you ever made a claim to receive worker's compensation benefits? Yes \_\_\_\_ No \_\_\_\_

If yes, please fill in the following:

Employer \_\_\_\_\_ Year \_\_\_\_\_

Injury \_\_\_\_\_

\_\_\_\_\_

3. Drugs Used:

The following list of drugs and substances are to be examined by you to determine the extent of use, if any, of each particular category of drug. Please indicate by checking the appropriate response to each question, if you have any particular drug in the past or present.

<i>A. Hallucinogenic Drugs</i>	<i>Yes</i>	<i>No</i>
Marijuana		
Hashish/Hash Oil		
TCH (powder or tabs) Tetrahydrocannabinol		
LSD (Lysergic Acid Diethyl amide)		
DMT (Die Thylyrptamine)		
PCP (Phencyclidine) (Hallucinogenic Mushrooms)		
Peyote		
Mescaline		
Indicate Any Others		

<b><i>B. Stimulants</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>
Cocaine		
Amphetamines		
Indicate Any Others		

<b><i>C. Depressants</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>
Barbiturates		
Tranquilizers		
Indicate Any Others		

<b><i>D. Narcotic Drugs</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>
Opium		
Morphine		
Heroin		
Codeine		
Methadone		
Dilaudid		
Demerol		
Paragoric		
Indicate Any Others		

<b><i>E. Substance/Chemical Abuse</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>
Glue Sniffing		
Sniffing Paint Thinners, Solvents, Sprays, etc.		
Indicate Any Others		

If the answer is "Yes" to any of the above, please answer the following:

A. At what age did you first experiment with drugs? \_\_\_\_\_

B. When was the last time you used drugs? \_\_\_\_\_

C. What is the largest amount of drugs you have purchased? \_\_\_\_\_  
\_\_\_\_\_

D. What is the largest amount of drugs you have sold? \_\_\_\_\_  
\_\_\_\_\_

E. What is the largest amount of drugs you have transported? \_\_\_\_\_  
\_\_\_\_\_

F. Have you ever cultivated any marijuana? \_\_\_\_\_

G. How many close friends do you know who use drugs? \_\_\_\_\_

H. What type of drugs do they use? \_\_\_\_\_  
I. How many times have you used drugs? \_\_\_\_\_

<i>Type of Drugs</i>	<i>Number of Times</i>
_____	_____
_____	_____
_____	_____
_____	_____

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

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### *Physical Examination Form School Crossing Guard*

#### **1. Applicant Information**

Name \_\_\_\_\_  
                                    *First*                                    *Middle*                                    *Last*  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
                                    *Street*                                    *City*  
Telephone # \_\_\_\_\_

#### **2. Job Description**

A school crossing guard is a non-sworn employee of the Milford Police Department who is not involved in law enforcement activities. This position does not require prolonged periods of traffic direction, rather it relies on adult judgment to recognize the absence of traffic and discern a safe time to escort children across the street at a marked designated location.

A school crossing guard works an average 3-hour day, evenly distributed between morning and afternoon periods. A 5-day workweek lasts throughout the school year, which presently consists of 181 days during the months of September through June.

This is an outdoors job and the position requires work in the normal range of weather conditions experienced in this climate.

#### **3. Medical Statement**

I, \_\_\_\_\_, a licensed physician in the State of Connecticut,  
                                    *(Print or Type)*  
examined \_\_\_\_\_ on \_\_\_\_\_ and  
                                    *(Name of Applicant)*                                    *(Date)*  
found him/her to be physically capable of performing the duties of a school crossing guard as described herein at the time of said examination.

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

Conn. License # \_\_\_\_\_