Town of Pelham Crossing Guard Application Form

Please fill in the form below to apply for a position with the Town of Pelham

Full Name: _____

Date: _____ Phone number: _____

Email address: _____

Address: _____

Relevant Experience

Please list all relevant experience including previous places of employment and job duties:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Work Availability

Please indicate the days and times you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When can you start: _____ Total hours per week: _____

Please submit your completed application and a copy of your resume to hr@pelham.ca