

**DEPARTMENT OF HUMAN RESOURCES**

**County of Hawai'i**

Aupuni Center  
101 Pauahi Street, Suite 2  
Hilo, Hawai'i 96720-4224

**SCHOOL CROSSING GUARD**

Application Supplement

**PLEASE TYPE OR PRINT**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (Island) (Zip Code)

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Please place an X in the appropriate box for each of the districts that you are interested in.

For Applicant's Use								
DISTRICTS								
Class Title	S. Hilo	Puna	Honokaa	Ka'u	N. Kohala	Waikoloa	Kona	Waimea
SCHOOL CROSSING GUARD								

**Certificate of Applicant: I HEREBY CERTIFY that all statements in the application are true and correct to the best of my knowledge and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights of any employment in the service of the County of Hawai'i.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)