

**DEPARTMENT OF CIVIL SERVICE**

**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
<b>SCHOOL CROSSING GUARD</b>								

**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)